

## SECTION 1915(c) WAIVER FORMAT

1. The State of Idaho requests a Medicaid home and community-based services waiver under the authority of section 1915(c) of the Social Security Act. The administrative authority under which this waiver will be operated is contained in Appendix A.

This is a request for a model waiver.

a.     X     Yes                      b.            No

If yes, the State assures that no more than 200 individuals will be served on this waiver at any one time.

This waiver is requested for a period of (check one):

a. \_\_\_\_\_ 3 years (Initial waiver)

b.   X   5 years (Renewal waiver)

2. This waiver is requested in order to provide home and community-based services to individuals who, but for the provision of such services, would require the following level(s) of care, the cost of which could be reimbursed under the approved Medicaid State plan:

a.     X     Nursing facility (NF)

b. \_\_\_\_\_ ICF for the mentally retarded or persons with related conditions (ICF/MR)

c. \_\_\_\_\_ Hospital

d. \_\_\_\_\_ NF (served in hospital)

e. \_\_\_\_\_ ICF/MR (served in hospital)

3. A waiver of section 1902(a)(10)(B) of the Act is requested to target waiver services to one of the select group(s) if individuals who would be otherwise eligible for waiver services:

a. \_\_\_\_\_ aged (age 65 and older)

b.        X        disabled

- c. \_\_\_\_\_ aged and disabled
  - d. \_\_\_\_\_ mentally retarded
  - e. \_\_\_\_\_ developmentally disabled
  - f. \_\_\_\_\_ mentally retarded and developmentally disabled
  - g. \_\_\_\_\_ chronically mentally ill
4. A waiver of section 1902(a)(10)(B) of the Act is also requested in order to impose the following additional targeting restrictions (specify):
- a. \_\_\_\_\_ Waiver services are limited to the following age groups (specify):  
Over the age of 21  
 \_\_\_\_\_  
 \_\_\_\_\_
  - b.   X   Waiver services are limited to individuals with the following diseases(s) or condition(s) (specify): Individuals who have a diagnosis of brain injury attained after the age of 21 in the following ICD-9-CM codes: 348.1; 800 - 800.90; 801-801.99; 803-803.99; 804-804.99; 850-850.9; 851-851.99; 852-852.99; 853-853.99; 854-854.99; 905.0-907.0.
  - c. \_\_\_\_\_ Waiver services are limited to individuals who are mentally retarded or developmentally disabled, who currently reside in general NFs, but who have been shown, as a result of the Pre-Admission Screening and Annual Resident Review process mandated by P.L. 100-203 to require active treatment at the level of care of an ICF/MR.
  - d. \_\_\_\_\_ Other criteria specified in Appendix C-4.
  - e. \_\_\_\_\_ Not applicable.
5. A waiver of the Astatewideness@ requirements set forth in section 1902(a)(1) of the Act is requested.

a. \_\_\_\_\_ Yes

b.   X   No

If yes, waivers will apply only to individuals in the following geographic areas or political subdivisions (specify): \_\_\_\_\_

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6. A waiver of the amount, duration and scope of services requirements contained in section 1902(a)(10)(B) of the Act is requested, in order that services not otherwise available under the approved Medicaid State plan may be provided to waiver recipients.

7. The State requests that the following home and community-based services, as described and defined in appendix B.1 of this request, be included under this waiver:

a. \_\_\_\_\_ Case management

b. \_\_\_\_\_ Homemaker

c. \_\_\_\_\_ Home health aide services

d.   X   Personal care servicese.   X   Respite care

f. \_\_\_\_\_ Adult day health

g.   X   Habilitation

  X   Residential habilitation

\_\_\_\_\_ Day habilitation

\_\_\_\_\_ Prevocational services

  X   Supported employment services

\_\_\_\_\_ Educational services

h.   X   Environmental accessibility adaptationsI.   X   Skilled nursingj.   X   Transportation

- k. ☒ Specialized medical equipment and supplies
- l. ☒ Chore services
- m. ☒ Personal Emergency Response Systems
- n. ☐ Companion Services
- o. ☐ Private Duty Nursing
- p. ☐ Family Training
- q. ☐ Attendant Care
- r. ☐ Adult Residential Care
- ☐ Adult Foster Care
- ☐ Assisted Living
- s. ☒ Extended State plan services:  
Check all that apply:
- ☐ Physician services
- ☐ Home health care services
- ☒ Physical therapy services
- ☒ Occupational therapy services
- ☒ Speech, hearing and language services
- ☐ Prescribed drugs
- ☐ Other (specify): \_\_\_\_\_
- t. ☒ Other services (specify): Home Delivered Meal Service, Behavior Consultation/Crisis Management, and Day Rehabilitation

8. The State assures that adequate standards exist for each provider of services under the waiver. The State further assures that all provider standards will be met.
9. Eligibility groups included under the waiver are reflected in Appendix C-1.

Waiver recipients meet the appropriate State plan requirements for the eligibility groups included under the waiver unless ' 1902(a)(10)(C)(i)(III) has been waived in order to use income and resource rules for the medically needy.

Under a medically needy waiver of ' 1902(a)(10)(C)(i)(III), you may apply eligibility policies that differ from those normally used to determine eligibility for individuals who are living in the community. The income standards and methods employed for the medically needy under this waiver do not result in individuals= income exceeded the Federal financial participation (FF) limits of ' 1903(f).

A. A waiver of ' 1902(a)(10)(C)(i)(III) is requested.

1. \_\_\_\_\_ Yes

2.     X     No

B. Computation of income for purposes of FF limits is based on one of the following. Check all that apply.

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Only the individual's income is compared to a one person medically needy income standard when you choose to use institutional eligibility rules to determine whose income is used in determining eligibility.

\_\_\_\_\_ The individual and spouses= income is compared to the appropriate medically needy income standard for a family of the same size when spouses= and/or parents= income is used to determine eligibility. That is, community rules are used to determine whose income is used to determine eligibility.

\_\_\_\_\_ The individual and parents' income is compared to the appropriate medically needy income standard for a family of the same size when spouses' and/or parents' income is used to determine eligibility. That is, community rules are used to determine whose income is used to determine eligibility.

C. The income and resource exceptions applied under the waiver are described in Appendix C-2.

10. Appendix C-3 reflects the post-eligibility income deductions for individuals whose eligibility is determined under ' 435.217.

11. An individual written plan of care will be developed by qualified individuals for each recipient under this waiver. This plan of

care will describe the medical and other services (regardless of funding source) to be furnished, their frequency, and the type of provider who will furnish each. All services will be furnished pursuant to a written plan of care. The plan of care will be subject to the approval of the Medicaid agency. FF will not be claimed for waiver services furnished prior to the development of the plan of care. FF will not be claimed for waiver services which are not included in the individual written plan of care.

12. Waiver services will not be furnished to recipients while they are inpatients of a hospital, NF, or ICF/MR.
13. Federal financial participation will not be available in expenditures for the cost of room and board, except when provided as part of respite care in a facility approved by the State that is not a private residence. Meals provided under any waiver service (or combination of services) will not constitute a full nutritional regimen (3 meals a day).
14. The State will refuse to offer home and community-based services to any recipient for whom it can reasonably be expected that the cost of home or community-based services furnished to that recipient would exceed the cost of a level of care referred to in item 2 of this request.

a.   X   Yes

b.            No

NOTE: The value that DHW will use to identify the cost-effectiveness is the G value indicated in this waiver request.

15. The Medicaid agency provides the following assurances to HCFA:
  - a. Necessary safeguards have been taken to protect the health and welfare of the recipients of the services. Those standards include:
    1. adequate standards for all types of providers that provide services under the waiver (see Appendix B);
    2. assurance that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services that are provided under the waiver (see Appendix B). The State assures that these requirements will be met on the date that the services are furnished; and

3. assurance that all facilities covered by section (1616)(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.
- b. The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.
- c. When a recipient is determined to be likely to require a level of care indicated in item 2 of this request, the recipient or his or her legal representative will be:
  1. informed of any feasible alternatives under the waiver; and
  2. given the choice of either institutional or home and community-based services.
- d. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to beneficiaries who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request, or who are denied the service(s) of their choice or the provider(s) of their choice.
- e. The average per capita expenditures under the waiver will not exceed 100 percent of the average per capita expenditures for the level(s) of care indicated in item 2 of this request under the State plan that would have been made in that fiscal year had the waiver not been granted.
- f. The agency=s actual total expenditure for home and community-based and other Medicaid services provided to individuals under the waiver will not, in any year of the waiver period, exceed the amount that would be incurred by Medicaid for these individuals in the setting(s) indicated in item 2 of this request, in the absence of the waiver.
- g. The agency will provide HCFA annually with information on the impact of the waiver on the type, amount and cost of services provided under the State plan and on the health and welfare of

the recipients. The information will be consistent with a data collection plan designed by HCFA.

- h. The agency will assure financial accountability for funds expended for home and community-based services, provide for an independent audit of its waiver program (except as HCFA may otherwise specify for particular waivers), and it will maintain and make available to HHS, the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver, including reports of any independent audits conducted.

The State conducts a single audit in conformance with the Single Audit Act of 1984, P.L. 98-502.

a.   X   Yes

b.            No

16. The agency will provide for an independent assessment of its waiver (except as HCFA may otherwise specify for particular waivers) that evaluates the quality of care provided, access to care, and cost-effectiveness. The results of the assessment will cover all but the last fiscal year of the waiver, and will be submitted to HCFA 90 days prior to the expiration of the approved waiver.

The agency requests an exemption from this requirement.

a.   X   Yes

b.            No

17. The State assures that it will have in place a formal system by which it ensures the health and welfare of the recipients, through monitoring of the quality control procedures described in this waiver document. Monitoring will ensure that all provider standards and health and welfare assurances are continuously met, and that plans of care are periodically reviewed to ensure that the services furnished are consistent with the identified needs of the individuals. Through these procedures the State will ensure the quality of services furnished under the waiver and the State plan to waiver recipients. The State further assures that all problems identified by this monitoring will be addressed in an appropriate and timely manner, consistent with the severity and nature of the deficiency.
18. An effective date of   October 1, 2001   is requested.
19. The State contact person for this request is   Arla Farmer  , who can be reached by telephone at   (208) 364-1958  .
20. This document, together with Appendices A through G, and all attachments, constitutes the State of   Idaho  =s request for a home and community-based services waiver under section 1915(c) of the Social Security Act. The State affirms that it will abide by all terms and conditions set forth in the waiver (including Appendices and attachments), and certifies that any modifications to the waiver request will be submitted in writing by the State Medicaid agency. Upon approval by HCFA, this waiver request will serve as the State=s authority to provide home and community services to the target group under its Medicaid plan. Any proposed changes to the approved waiver will be formally requested by the State in the form of waiver amendments.

The State assures that all material referenced in this waiver application (including standards, licensure and certification requirements) will be kept on file at the Medicaid agency.

Signature: \_\_\_\_\_

Print Name:   Karl Kurtz  

Title:   Director  

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**APPENDIX A - ADMINISTRATION**

## LINE OF AUTHORITY FOR WAIVER OPERATION

## CHECK ONE:

X        The waiver will be operated directly by the Medical Assistance Unit of the Medicaid agency.

\_\_\_\_\_ The waiver will be operated by \_\_\_\_\_, a separate agency of the State, under the supervision of the Medicaid agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

\_\_\_\_\_ The waiver will be operated by \_\_\_\_\_, a separate division within the Single State agency. The Medicaid agency exercises administrative discretion in the administration and supervision of the waiver and issues policies, rules and regulations related to the waiver. A copy of the interagency agreement setting forth the authority and arrangements for this policy is on file at the Medicaid agency.

Date: January 23, 2002

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**APPENDIX B - SERVICES AND STANDARDS****APPENDIX B-1: DEFINITION OF SERVICES**

The State requests that the following home and community-based services, as described and defined herein, be included under this waiver. Provider qualifications/standards for each service are set forth in Appendix B-2.

a.        Case Management

       Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

Case managers shall be responsible for ongoing monitoring of the provision of services included in the individual's plan of care.

1.        Yes2.        No

Case managers shall initiate and oversee the process of assessment and reassessment of the individual's level of care and the review of plans of care at such intervals as are specified in Appendices C & D of this request.

1.        Yes2.        No

       Other Service Definition (Specify):



b. \_\_\_\_

Homemaker:

\_\_\_\_

Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.

Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

\_\_\_\_

Other Service Definition (Specify):

c. \_\_\_\_

Home Health Aide services:

\_\_\_\_

Services defined in 42 CFR 440.70, with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services

provided under the waiver shall be in addition to any available under the approved State plan.

\_\_\_\_ Other Service Definition (Specify):

d. X Personal care services:

\_\_\_\_ Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. This services may include assistance with preparation of meals, but does not include the cost of the meals themselves. when specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care providers must meet State standards for this service.

1. Services provided by family members (Check one):

\_\_\_\_ Payment will not be made for personal care services furnished by a member of the individual's family.

\_\_\_\_ Personal care providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step-parent), or to an individual by that person's spouse.

Justification attached. (Check one):

\_\_\_\_ Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.

\_\_\_\_ Standards for family members providing personal care services differ from those for other providers of this service. The different standards are indicated in Appendix B-2.

2. Supervision of personal care providers will be furnished by (Check all that apply):

\_\_\_\_ A registered nurse, licensed to practice nursing in the State.

\_\_\_ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.

\_\_\_ Case managers

\_\_\_ Other (Specify):

3. Frequency or intensity of supervision (Check one):

\_\_\_ As indicated in the plan of care

\_\_\_ Other (Specify):

4. Relationship to State plan services (Check one):

\_\_\_ Personal care services are not provided under the approved State plan.

\_\_\_ Personal care services are included in the State plan, but with limitations. The waived service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.

\_\_\_ Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.

  X  

Other service definition (Specify):

Assistance necessary due to a medical condition which impairs physical or mental function and which maintains the consumer safely and effectively in their own home or residence. Services include, but are not limited to, bathing; care of the hair; assistance with clothing; basic skin care; bladder and bowel requirements; medication management; food, nutrition, and diet activities; active treatment training programs; and non-nasogastric gastrostomy tube feedings. Payment will not be made for personal care services furnished by a member of the individual's family. Supervision of personal care providers will be furnished by a registered nurse, licensed to practice nursing in the State. Supervision will be provided in the frequency or intensity as indicated in the plan of care. Personal care services are included in the State plan, but with limitations. The waived service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.

e.   X   Respite care:

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\_\_\_ Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

X Other service definition (Specify):  
Respite care services are those services provided, on a short term basis, in the home of either the waiver participant or respite care provider, to relieve the person=s family or other primary caregiver(s) from daily stress and care demands. The need for this service shall be identified in the individual=s support plan. While receiving respite care services, the waiver participant cannot receive other waived services which are duplicative in nature. Respite care services provided under this waiver will not include room and board payments. This service is limited to recipients who reside with non-paid caregivers. This service is necessary to prevent institutionalization.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite care will be provided in the following location(s) (Check all that apply):

- X Individual's home or place of residence
- \_\_\_ Foster home
- \_\_\_ Medicaid certified Hospital
- \_\_\_ Medicaid certified NF
- \_\_\_ Medicaid certified ICF/MR
- \_\_\_ Group home
- \_\_\_ Licensed respite care facility
- X Other community care residential facility approved by the State that its not a private residence (Specify type):  
In the home of the respite care provider.

\_\_\_ Other service definition (Specify):

f. \_\_\_ Adult day health:

STATE: Idaho

\_\_\_\_\_ Services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service.

Transportation between the individual's place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services. (Check one):

1. ☐ Yes

2. ☐ No

\_\_\_\_\_ Other service definition (Specify):

Qualifications of the providers of adult day health services are contained in Appendix B-2.

g. X

Habilitation:

\_\_\_\_\_ Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. This service includes:

\_\_\_\_\_ Residential habilitation: assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payment for residential habilitation does not include payments made, directly or indirectly, to members of the individual's immediate family. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid. Documentation which shows that Medicaid payment does not cover these components is attached to Appendix G.

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\_\_\_\_ Day habilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

\_\_\_\_ Prevocational services not available under a program funded under section 110 of the Rehabilitation Act of 1973 or section 602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs). Prevocational services are available only to individuals who have previously been discharged from a SNF, ICF, NF or ICF/MR.

Check one:

\_\_\_\_ Individuals will not be compensated for prevocational services.

\_\_\_\_ When compensated, individuals are paid at less than 50 percent of the minimum wage.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

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STATE: Idaho

Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

\_\_\_\_ Educational services, which consist of special education and related services as defined in sections (15) and (17) of the Individuals with Disabilities Education Act, to the extent to which they are not available under a program funded by IDEA. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

\_\_\_\_ Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

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Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for vocational training that is not directly related to an individual's supported employment program.

Transportation will be provided between the individual's place of residence and the site of the habilitation services, or between habilitation sites (in cases where the individual receives habilitation services in more than one place) as a component part of habilitation services. The cost of this transportation is included in the rate paid to providers of the appropriate type of habilitation services.

1. ☐ Yes

2. ☒ No

☒

Other service definition (Specify) : Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings.  
This service includes:

☒

Residential Habilitation: Residential habilitation services consist of an integrated array of individually -tailored services and supports furnished to eligible waiver participants which are designed to assist them to reside successfully in their own

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homes, with their families, or alternate family home. The services and supports that may be furnished to an eligible individual consist of the following:

1. Habilitation Services is aimed at assisting the individual to acquire, retain or improve his/her ability to reside as independently as possible in the community and/or to maintain family unity and provides training in one or more of the following areas:

Self-direction, including the identification of and response to dangerous or threatening situations, making decisions and choices affecting the individual's life, and initiating changes in living arrangements or life activities;

Money management consists of training and/or assistance in handling personal finances, making purchases, and meeting personal financial obligations;

Daily living skills, including training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self-administration of medications, and other areas of daily living including proper use of adaptive and assistive devices, appliances, home safety, first aid, and emergency procedures;

Socialization, including training and/or assistance in participation in general community activities and establishing relationships with peers with an emphasis on connecting the waiver participants to their community. Training associated with participation in community activities includes assisting the individual to identify activities of interest, working out arrangements to participate in such activities, and identifying specific training activities necessary to assist the individual to continue to participate in such activities on an on-going basis. Socialization services do not include participation in nontherapeutic activities which are merely diversional or recreational in nature;

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Mobility, including training and/or assistance aimed at enhancing movement within the person=s living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community;

Behavior Shaping and management includes training or assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially-appropriate behaviors; and

Extension of therapeutic services, which consists of conducting exercises or reinforcing physical, occupational, speech and other therapeutic programs.

2. Personal Assistance Services, necessary to assist the individual in daily living activities, household tasks, and such other routine activities as the person or the person=s primary caregiver(s) are unable to accomplish on his or her own behalf.

Personal assistance activities include direct assistance with grooming, bathing, and eating; assistance with medications that are ordinarily self-administered; supervision; communication assistance, reporting changes in the waiver participant=s condition and needs; household tasks essential to health care at home to include general cleaning of the home, laundry, meal planning and preparation, shopping, and correspondence.

3. Skills Training to teach waiver participants, family members, alternative family caregiver(s), or an individual=s roommate or neighbor to perform activities with greater independence and to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skills training is provided to encourage and accelerate development in independent and daily living skills, self-direction, money management, socialization, mobility and other therapeutic programs.

Payments for residential habilitation may include payments to family members identified as providers of residential habilitation services. Family members who provide residential habilitation services must meet the standards set forth for providers. No such payments will be made to the spouse of the waiver participant. The payments for residential habilitation services exclude the costs of room and board expenses, including general maintenance, upkeep or improvement to the individual=s own home or that of his/her family. The nature and the types of residential habilitation services to be furnished to the waiver participant will be set out in the individual=s support plan. This service is necessary to prevent institutionalization.

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X

Supported employment: Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs;  
or
3. Payments for vocational training that is not directly related to an individual's supported employment program.

The State requests the authority to provide the following additional services, not specified in the statute. The State assures that each service is cost-effective and necessary to prevent institutionalization. The cost neutrality of each service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

Services consist of services offered in order to enable waiver participants to gain access to waiver and other community services and resources required by the Plan of Care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services offered under the State plan, defined at 42 CFR 440.170(a), and shall not replace them. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge or public transit providers will be utilized.

h. X Environmental accessibility adaptations:

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Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

X Other service definition (Specify): Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes. Services are limited to adaptations to the home owned or rented by the individual or the

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individual=s family.

I. X

Skilled nursing:

—

Services listed in the plan of care which are within the scope of the State's Nurse Practice Act and are provided by a registered professional nurse, or licensed practical or vocational nurse under the supervision of a registered nurse, licensed to practice in the State.

X

Other service definition (Specify):

Intermittent oversight of the consumer=s medical condition or health status or supervision of the medical services provided by the provider or both.

Includes the provision of hands on nursing services or treatments of such a technical nature the Idaho Nurse Practice Act requires the services to be provided by a licensed nurse.

Skilled nursing services are not being provided by a Home Health Agency.

j. X

Transportation:

X

Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

—

Other service definition (Specify):

k. X

Specialized Medical Equipment and Supplies:

X

Specialized medical equipment and supplies to include devices, controls, or appliances, specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and

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non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

\_\_\_\_ Other service definition (Specify):

l. X Chore services:

X Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services will be provided only in cases where neither the individual, nor anyone else in the household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

\_\_\_\_ Other service definition (Specify):

m. X Personal Emergency Response Systems (PERS)

X PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

\_\_\_\_ Other service definition (Specify):

n. \_\_\_\_ Adult companion services:

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\_\_\_ Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

\_\_\_ Other service definition (Specify):

o. \_\_\_ Private duty nursing:

\_\_\_ Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to an individual at home.

\_\_\_ Other service definition (Specify):

p. \_\_\_ Family training:

\_\_\_ Training and counseling services for the families of individuals served on this waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the consumer. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home. All family training must be included in the individual's written plan of care.

\_\_\_ Other service definition (Specify):

q. \_\_\_ Attendant care services:

\_\_\_ Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. this service may include skilled or nursing care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity.

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Supervision (Check all that apply):

\_\_\_ Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the individual's written plan of care.

\_\_\_ Supervision may be furnished directly by the individual, when the person has been trained to perform this function, and when the safety and efficacy of consumer-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on direct observation of the consumer and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained in the consumer's individual plan of care.

\_\_\_ Other supervisory arrangements (Specify):

\_\_\_ Other service definition (Specify):

r. \_\_\_ Adult Residential Care (Check all that apply):

\_\_\_ Adult foster care: Personal care and services, homemaker, chore, attendant care and companion services medication oversight (to the extent permitted under State law) provided in a licensed (where applicable) private home by a principal care provider who lives in the home. Adult foster care is furnished to adults who receive these services in conjunction with residing in the home. the total number of individuals (including persons served in the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed\_\_\_. Separate payment will not be made for homemaker or chore services furnished to an individual receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

\_\_\_ Assisted living: Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility, in conjunction with residing in the facility. This service includes 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, or under

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arrangement with the community care facility, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it.

Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect.

Assisted living services may also include (Check all that apply):

- ☐ Home health care
- ☐ Physical therapy
- ☐ Occupational therapy
- ☐ Speech therapy
- ☐ Medication administration
- ☐ Intermittent skilled nursing services
- ☐ Transportation specified in the plan of care
- ☐ Periodic nursing evaluations
- ☐ Other (Specify)

However, nursing and skilled therapy services (except periodic nursing evaluations if specified above) are incidental, rather than integral to the

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provision of assisted living services. Payment will not be made for 24-hour skilled care or supervision. FFP is not available in the cost of room and board furnished in conjunction with residing in an assisted living facility.

Other service definition (Specify):

Payments for adult residential care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult residential care services does not include payments made, directly or indirectly, to members of the consumer's immediate family. The methodology by which payments are calculated and made is described in Appendix G.

s. X

Extended State plan services:

The following services, available through the approved State plan, will be provided, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached. Documentation of the extent of services and cost-effectiveness are demonstrated in Appendix G. (Check all that apply):

\_\_\_\_ Physician services

\_\_\_\_ Home health care services

X Physical therapy services\*

X Occupational therapy services\*\*

X Speech, hearing and language services\*\*

\_\_\_\_ Prescribed drugs

\_\_\_\_ Other State plan services (Specify):

\* Strictly individual practice, not Home Health Agency

\*\* Covered under the state plan, but in very limited settings

t. X

Other waiver services which are cost-effective and necessary to prevent institutionalization (Specify):

X Home Delivered Meal Service: The Home Delivered Meal Service is designed to promote adequate waiver participant nutrition through the provision and home

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delivery of one to two meals per day. The need for this service will be documented in the individual support plan. This service is necessary to prevent institutionalization.

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**Behavior Consultation/Crisis Management:** This service provides direct consultation and clinical evaluation of individuals who are currently experiencing or may be expected to experience, a psychological, behavioral, or emotional crisis. This service may provide training and staff development related to the needs of a recipient. These services also provide for emergency back-up involving the direct support of the individual in crisis. This service is necessary to prevent institutionalization.

---

X

**Day Rehabilitation:** assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day rehabilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day rehabilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

u.\_\_\_\_\_ Services for individuals with chronic mental illness, consisting of (Check one):

Day treatment or other partial hospitalization services (Check one):

Services that are necessary for the diagnosis or treatment of the individual's mental illness. These services consist of the following elements:

- a. individual and group therapy with physicians or psychologists (or other mental health professionals to the extent authorized under State law),
- b. occupational therapy, requiring the skills of a qualified occupational therapist,
- c. services of social workers, trained psychiatric nurses, and other staff trained to work with individuals with psychiatric illness.

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- d. drugs and biologicals furnished for therapeutic purposes,
- e. individual activity therapies that are not primarily recreational or diversionary,
- f. family counseling (the primary purpose of which is treatment of the individual's condition),
- g. training and education of the individual (to the extent that training and educational activities are closely and clearly related to the individual's care and treatment), and
- h. diagnostic services.

Meals and transportation are excluded from reimbursement under this service. The purpose of this service is to maintain the individual's condition and functional level and to prevent relapse or hospitalization.

\_\_\_\_\_ Other service definition (Specify):

\_\_\_\_\_ Psychosocial rehabilitation services (Check one):

\_\_\_\_\_ Medical or remedial services recommended by a physician or other licensed practitioner under State law, for the maximum reduction of physical or mental disability and the restoration of maximum functional level. Specific services include the following:

- a. restoration and maintenance of daily living skills (grooming, personal hygiene, cooking, nutrition, health and mental health education, medication management, money management and maintenance of the living environment);
- b. social skills training in appropriate use of community services;
- c. development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention, rather than diversion); and

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- d. telephone monitoring and counseling services.

The following are specifically excluded from Medicaid payment for psychosocial rehabilitation services:

- a. vocational services,  
b. prevocational services,  
c. supported employment services, and  
d. room and board.

\_\_\_\_ Other service definition (Specify):

\_\_\_\_ Clinic services (whether or not furnished in a facility) are services defined in 42 CFR 440.90.

Check one:

\_\_\_\_ This service is furnished only on the premises of a clinic.

\_\_\_\_ Clinic services provided under this waiver may be furnished outside the clinic facility. Services may be furnished in the following locations (Specify):

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## **APPENDIX B -2**

### PROVIDER QUALIFICATIONS

#### A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administrative Code are referenced by citation. Standards not addressed under uniform State citation are attached.

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Personal Care Services	RN, LPN, or Certified Nursing Assistant		IDAPA 16.03.09796.14.	Basic and advanced TBI training. See attached.
Respite Care	Agencies; Individual Practitioners		IDAPA 16.03.09796.03.	Basic and advanced TBI training. See attached.
Residential Habilitation	Agencies ** Independent providers -- Must affiliate with an agency for oversight, training and QA.		IDAPA 16.03.09796.01.	Basic and advanced TBI training. See attached.
Supported Employment	Agencies		IDAPA 16.03.09796.04.	Basic and advanced TBI training. See attached.
Environmental Accessibility Adaptations	Contractor		IDAPA 16.03.09796.06.	
Skilled Nursing	Private Duty Nursing Agencies; Individual	Registered Nurse; Practical	IDAPA 16.03.09796.11.	Basic and advanced TBI training. See attached.

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
	Practitioners	Nurse		
Transportation	Agencies; Individual Practitioners		IDAPA 16.03.09796.05.	Basic and advanced TBI training. See attached.
Specialized Medical Equipment & Supplies	DME Vendors		IDAPA 16.03.09796.07.	
Chore Services	Agencies; Individual Practitioners		IDAPA 16.03.09796.02.	
Personal Emergency Response System	Hospitals; Local Telephone Co.		IDAPA 16.03.09796.08.	
Day Rehabilitation	Agencies; Individual Providers		IDAPA 16.03.09796.13.	Basic and advanced TBI training. See attached.
Home Delivered Meals	Agencies		IDAPA 16.03.09796.09.	
Behavior Consultation/ Crisis Management	Agencies; Individual Practitioners	Licensed Pharmacist*; Neuro- Psychologist; Psychiatrist; Licensed	IDAPA 16.03.09796.12.	Basic and advanced TBI training. See attached.

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
		Psychologist with behavioral analysis		
Extended State Plan Services	Agencies; Individual Practitioners	Physical Therapist; Speech Language Pathologist; Occupational Therapist	IDAPA 16.03.09796.10.	Basic and advanced TBI training. See attached.

\* Pharmacists evaluate actions and inactions and determine whether changes in medications is warranted.

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B. ASSURANCE THAT REQUIREMENTS ARE MET

The State assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this Appendix, tabbed and labeled with the name of the service(s) to which they apply.

When the qualifications of providers are set forth in State or Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

D. FREEDOM OF CHOICE

The State assures that each individual found eligible for the waiver will be given free choice of all qualified providers of each service included in his or her written plan of care.

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## APPENDIX B-3

## KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES

## KEYS AMENDMENT ASSURANCE:

The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

## APPLICABILITY OF KEYS AMENDMENT STANDARDS:

Check one:

\_\_\_\_\_ Home and community-base services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

  X   A copy of the standards applicable to each type of facility identified above is maintained by the Medicaid agency.

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## APPENDIX B - SERVICES AND STANDARDS

## APPENDIX B-1: DEFINITION OF SERVICES

The State requests that the following home and community-based services, as described and defined herein, be included under this waiver. Provider qualifications/standards for each service are set forth in Appendix B-2.

a. \_\_\_\_ Case Management

Services which will assist individuals who receive waiver services in gaining access to needed waiver and other State plan services, as well as needed medical, social, educational and other services, regardless of the funding source for the services to which access is gained.

Case managers shall be responsible for ongoing monitoring of the provision of services included in the individual's plan of care.

1.      Yes

2.        No

Case managers shall initiate and oversee the process of assessment and reassessment of the individual's level of care and the review of plans of care at such intervals as are specified in Appendices C & D of this request.

1.        Yes

2.      No

\_\_\_\_ Other Service Definition (Specify):

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b. \_\_\_\_

Homemaker:

\_\_\_\_

Services consisting of general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home and care for him or herself or others in the home.

Homemakers shall meet such standards of education and training as are established by the State for the provision of these activities.

\_\_\_\_

Other Service Definition (Specify):

c. \_\_\_\_

Home Health Aide services:

\_\_\_\_

Services defined in 42 CFR 440.70, with the exception that limitations on the amount, duration and scope of such services imposed by the State's approved Medicaid plan shall not be applicable. The amount, duration and scope of these services shall instead be in accordance with the estimates given in Appendix G of this waiver request. Services

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provided under the waiver shall be in addition to any available under the approved State plan.

\_\_\_\_ Other Service Definition (Specify):

d. X Personal care services:

\_\_\_\_ Assistance with eating, bathing, dressing, personal hygiene, activities of daily living. This services may include assistance with preparation of meals, but does not include the cost of the meals themselves. when specified in the plan of care, this service may also include such housekeeping chores as bed making, dusting and vacuuming, which are incidental to the care furnished, or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care providers must meet State standards for this service.

1. Services provided by family members (Check one):

\_\_\_\_ Payment will not be made for personal care services furnished by a member of the individual's family.

\_\_\_\_ Personal care providers may be members of the individual's family. Payment will not be made for services furnished to a minor by the child's parent (or step-parent), or to an individual by that person's spouse.

Justification attached. (Check one):

\_\_\_\_ Family members who provide personal care services must meet the same standards as providers who are unrelated to the individual.

\_\_\_\_ Standards for family members providing personal care services differ from those for other providers of this service. The different standards are indicated in Appendix B-2.

2. Supervision of personal care providers will be furnished by (Check all that apply):

\_\_\_\_ A registered nurse, licensed to practice nursing in the State.

\_\_\_\_ A licensed practical or vocational nurse, under the supervision of a registered nurse, as provided under State law.

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\_\_\_ Case managers

\_\_\_ Other (Specify):

3. Frequency or intensity of supervision (Check one):

\_\_\_ As indicated in the plan of care

\_\_\_ Other (Specify):

4. Relationship to State plan services (Check one):

\_\_\_ Personal care services are not provided under the approved State plan.

\_\_\_ Personal care services are included in the State plan, but with limitations. The waived service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.

\_\_\_ Personal care services under the State plan differ in service definition or provider type from the services to be offered under the waiver.

X Other service definition (Specify):

Assistance necessary due to a medical condition which impairs physical or mental function and which maintains the consumer safely and effectively in their own home or residence. Services include, but are not limited to, bathing; care of the hair; assistance with clothing; basic skin care; bladder and bowel requirements; medication management; food, nutrition, and diet activities; active treatment training programs; and non-nasogastric gastrostomy tube feedings. Payment will not be made for personal care services furnished by a member of the individual's family. Supervision of personal care providers will be furnished by a registered nurse, licensed to practice nursing in the State. Supervision will be provided in the frequency or intensity as indicated in the plan of care. Personal care services are included in the State plan, but with limitations. The waived service will serve as an extension of the State plan service, in accordance with documentation provided in Appendix G of this waiver request.

e. X Respite care:

\_\_\_ Services provided to individuals unable to care for themselves; furnished on a short-term basis because of the absence or need for relief of those persons normally providing the care.

X Other service definition (Specify):

Respite care services are those services provided, on a short term basis, in the

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home of either the waiver participant or respite care provider, to relieve the person=s family or other primary caregiver(s) from daily stress and care demands. The need for this service shall be identified in the individual=s support plan. While receiving respite care services, the waiver participant cannot receive other waived services which are duplicative in nature. Respite care services provided under this waiver will not include room and board payments. This service is limited to recipients who reside with non-paid caregivers. This service is necessary to prevent institutionalization.

FFP will not be claimed for the cost of room and board except when provided as part of respite care furnished in a facility approved by the State that is not a private residence.

Respite care will be provided in the following location(s) (Check all that apply):

- X   Individual's home or place of residence
- Foster home
- Medicaid certified Hospital
- Medicaid certified NF
- Medicaid certified ICF/MR
- Group home
- Licensed respite care facility
- X   Other community care residential facility approved by the State that its not a private residence (Specify type):  
    In the home of the respite care provider.
- Other service definition (Specify):

f.      Adult day health:

     Services furnished 4 or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the individual's plan of care will be furnished as component parts of this service.

Transportation between the individual's place of residence and the adult day health center will be provided as a component part of adult day health services. The cost of this transportation is included in the rate paid to providers of adult day health services. (Check one):

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2. No

Qualifications of the providers of adult day health services are contained in Appendix B-2.

Habilitation:

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Day habilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day habilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

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602(16) and (17) of the Individuals with Disabilities Education Act (20 U.S.C. 1401(16 and 17)). Services are aimed at preparing an individual for paid or unpaid employment, but are not job-task oriented. Services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs). Prevocational services are available only to individuals who have previously been discharged from a SNF, ICF, NF or ICF/MR.

Check one:

- \_\_\_\_\_ Individuals will not be compensated for prevocational services.
- \_\_\_\_\_ When compensated, individuals are paid at less than 50 percent of the minimum wage.

Activities included in this service are not primarily directed at teaching specific job skills, but at underlying habilitative goals, such as attention span and motor skills. All prevocational services will be reflected in the individual's plan of care as directed to habilitative, rather than explicit employment objectives.

Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

\_\_\_\_\_ Educational services, which consist of special education and related services as defined in sections (15) and (17) of the Individuals with Disabilities Education Act, to the extent to which they are not available under a program funded by IDEA. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. The individual has been deinstitutionalized from a SNF, ICF, NF, or ICF/MR at some prior period.

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Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142. Documentation will be maintained in the file of each individual receiving this service that:

1. The service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142; and
2. The individual has been deinstitutionalized from a

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SNF, ICF, NF, or ICF/MR at  
some prior period.

FFP will not be claimed for  
incentive payments, subsidies, or  
unrelated vocational training  
expenses such as the following:

1. Incentive payments made to an  
employer to encourage or  
subsidize the employer's  
participation in a supported  
employment program;
2. Payments that are passed  
through to users of supported  
employment programs; or
3. Payments for vocational  
training that is not directly  
related to an individual's  
supported employment program.

Transportation will be provided between the  
individual's place of residence and the site  
of the habilitation services, or between  
habilitation sites (in cases where the  
individual receives habilitation services in  
more than one place) as a component part of  
habilitation services. The cost of this  
transportation is included in the rate paid  
to providers of the appropriate type of  
habilitation services.

1. \_\_\_\_\_ Yes

2.   X   No

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X  

Other service definition (Specify): Services designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. This service includes:\_\_\_

  X  

#### Residential Habilitation:

Residential habilitation services consist of an integrated array of individually-tailored services and supports furnished to eligible waiver participants which are designed to assist them to reside successfully in their own homes, with their families, or alternate family home. The services and supports that may be furnished to an eligible individual consist of the following:

1. Habilitation Services is aimed at assisting the individual to acquire, retain or improve his/her ability to reside as independently as possible in the community and/or to maintain family unity and provides training in one or more of the following areas:

Self-direction, including the identification of and response to dangerous or threatening situations, making decisions and choices affecting the individual=s life, and initiating changes

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in living arrangements or  
life activities;

Money management consists of  
training and/or assistance in  
handling personal finances,  
making purchases, and meeting  
personal financial  
obligations;

Daily living skills,  
including training in  
accomplishing routine  
housekeeping tasks, meal  
preparation, dressing,  
personal hygiene, self-  
administration of  
medications, and other areas  
of daily living including  
proper use of adaptive and  
assistive devices,  
appliances, home safety,  
first aid, and emergency  
procedures;

Socialization, including  
training and/or assistance in  
participation in general  
community activities and  
establishing relationships  
with peers with an emphasis  
on connecting the waiver  
participants to their  
community. Training  
associated with participation  
in community activities  
includes assisting the

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individual to identify activities of interest, working out arrangements to participate in such activities, and identifying specific training activities necessary to assist the individual to continue to participate in such activities on an on-going basis. Socialization services do not include participation in nontherapeutic activities which are merely diversional or recreational in nature;

Mobility, including training and/or assistance aimed at enhancing movement within the person=s living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel, or movement within the community;

Behavior Shaping and management includes training or assistance in appropriate expressions of emotions or desires, assertiveness, acquisition of socially-appropriate behaviors; and

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Extension of therapeutic services, which consists of conducting exercises or reinforcing physical, occupational, speech and other therapeutic programs.

2. Personal Assistance Services, necessary to assist the individual in daily living activities, household tasks, and such other routine activities as the person or the person=s primary caregiver(s) are unable to accomplish on his or her own behalf.

Personal assistance activities include direct assistance with grooming, bathing, and eating; assistance with medications that are ordinarily self-administered; supervision; communication assistance, reporting changes in the waiver participant=s condition and needs; household tasks essential to health care at home to include general cleaning of the home, laundry, meal planning and preparation, shopping, and correspondence.

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3. Skills Training to teach waiver participants, family members, alternative family caregiver(s), or an individual's roommate or neighbor to perform activities with greater independence and to carry out or reinforce habilitation training. Services are focused on training and are not designed to provide substitute task performance. Skills training is provided to encourage and accelerate development in independent and daily living skills, self-direction, money management, socialization, mobility and other therapeutic programs.

Payments for residential habilitation may include payments to family members identified as providers of residential habilitation services. Family members who provide residential habilitation services must meet the standards set forth for providers. No such payments will be made to the spouse of the waiver participant. The payments for residential habilitation services exclude the costs of room and board expenses, including

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general maintenance, upkeep or improvement to the individual=s own home or that of his/her family. The nature and the types of residential habilitation services to be furnished to the waiver participant will be set out in the individual=s support plan. This service is necessary to prevent institutionalization.

  X  

Supported employment: Supported employment services, which consist of paid employment for persons for whom competitive employment at or above the minimum wage is unlikely, and who, because of their disabilities, need intensive ongoing support to perform in a work setting. Supported employment is conducted in a variety of settings, particularly work sites in which persons without disabilities are employed. Supported employment includes activities needed to sustain paid work by individuals receiving waiver services, including supervision and training. When supported employment services are provided at a work site in which persons without disabilities are employed, payment will be made only for the adaptations, supervision and training required

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by individuals receiving waiver services as a result of their disabilities, and will not include payment for the supervisory activities rendered as a normal part of the business setting.

Supported employment services furnished under the waiver are not available under a program funded by either the Rehabilitation Act of 1973 or P.L. 94-142.

Documentation will be maintained in the file of each individual receiving this service that the service is not otherwise available under a program funded under the Rehabilitation Act of 1973, or P.L. 94-142.

FFP will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of

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supported employment  
programs; or

3. Payments for vocational training that is not directly related to an individual's supported employment program.

The State requests the authority to provide the following additional services, not specified in the statute. The State assures that each service is cost-effective and necessary to prevent institutionalization. The cost neutrality of each service is demonstrated in Appendix G. Qualifications of providers are found in Appendix B-2.

Transportation services offered in order to enable waiver participants to gain access to waiver and other community services and resources required by the Plan of Care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services offered under the State plan, defined at 42 CFR 440.170(a), and shall not replace them. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge or public transit providers will be utilized.

h.   X   Environmental accessibility adaptations:

\_\_\_\_\_ Those physical adaptations to the home,  
required by the individual's plan of care,

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which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities, or installation of specialized electric and plumbing systems which are necessary to accommodate the medical equipment and supplies which are necessary for the welfare of the individual. Excluded are those adaptations or improvements to the home which are of general utility, and are not of direct medical or remedial benefit to the individual, such as carpeting, roof repair, central air conditioning, etc. Adaptations which add to the total square footage of the home are excluded from this benefit. All services shall be provided in accordance with applicable State or local building codes.

  X   Other service definition (Specify): Those physical adaptations to the home, required by the individual's plan of care, which are necessary to ensure the health, welfare and safety of the individual, or which enable the individual to function with greater independence in the home, and without which, the individual would require institutionalization. Such adaptations may

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include the installation of ramps and grab-  
bars, widening of doorways, modification of  
bathroom facilities, or installation of  
specialized electric and plumbing systems  
which are necessary to accommodate the  
medical equipment and supplies which are  
necessary for the welfare of the individual.  
Excluded are those adaptations or  
improvements to the home which are of  
general utility, and are not of direct  
medical or remedial benefit to the  
individual, such as carpeting, roof repair,  
central air conditioning, etc. Adaptations  
which add to the total square footage of the  
home are excluded from this benefit. All  
services shall be provided in accordance  
with applicable State or local building  
codes. Services are limited to adaptations  
to the home owned or rented by the  
individual or the individual's family.

I.   X   Skilled nursing:

\_\_\_\_\_ Services listed in the plan of care which  
are within the scope of the State's Nurse  
Practice Act and are provided by a  
registered professional nurse, or licensed  
practical or vocational nurse under the  
supervision of a registered nurse, licensed  
to practice in the State.

  X   Other service definition (Specify):  
Intermittent oversight of the consumer's  
medical condition or health status or  
supervision of the medical services provided  
by the provider or both. Includes the

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provision of hands on nursing services or treatments of such a technical nature the Idaho Nurse Practice Act requires the services to be provided by a licensed nurse. Skilled nursing services are not being provided by a Home Health Agency.

j.   X   Transportation:

  X   Service offered in order to enable individuals served on the waiver to gain access to waiver and other community services, activities and resources, specified by the plan of care. This service is offered in addition to medical transportation required under 42 CFR 431.53 and transportation services under the State plan, defined at 42 CFR 440.170(a) (if applicable), and shall not replace them. Transportation services under the waiver shall be offered in accordance with the individual's plan of care. Whenever possible, family, neighbors, friends, or community agencies which can provide this service without charge will be utilized.

           Other service definition (Specify):

k.   X   Specialized Medical Equipment and Supplies:

  X   Specialized medical equipment and supplies to include devices, controls, or appliances,

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specified in the plan of care, which enable individuals to increase their abilities to perform activities of daily living, or to perceive, control, or communicate with the environment in which they live.

This service also includes items necessary for life support, ancillary supplies and equipment necessary to the proper functioning of such items, and durable and non-durable medical equipment not available under the Medicaid State plan. Items reimbursed with waiver funds shall be in addition to any medical equipment and supplies furnished under the State plan and shall exclude those items which are not of direct medical or remedial benefit to the individual. All items shall meet applicable standards of manufacture, design and installation.

\_\_\_\_\_ Other service definition (Specify):

1.   X   Chore services:

  X   Services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture in order to provide safe access and egress. These services will be provided only in cases where neither the individual, nor anyone else in the

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household, is capable of performing or financially providing for them, and where no other relative, caregiver, landlord, community/volunteer agency, or third party payor is capable of or responsible for their provision. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

\_\_\_\_\_ Other service definition (Specify):

m.   X   Personal Emergency Response Systems (PERS)

  X   PERS is an electronic device which enables certain individuals at high risk of institutionalization to secure help in an emergency. The individual may also wear a portable "help" button to allow for mobility. The system is connected to the person's phone and programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified in Appendix B-2. PERS services are limited to those individuals who live alone, or who are alone for significant parts of the day, and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision.

\_\_\_\_\_ Other service definition (Specify):

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n. \_\_\_\_\_ Adult companion services:

\_\_\_\_\_ Non-medical care, supervision and socialization, provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not purely diversional in nature.

\_\_\_\_\_ Other service definition (Specify):

o. \_\_\_\_\_ Private duty nursing:

\_\_\_\_\_ Individual and continuous care (in contrast to part time or intermittent care) provided by licensed nurses within the scope of State law. These services are provided to an individual at home.

\_\_\_\_\_ Other service definition (Specify):

p. \_\_\_\_\_ Family training:

\_\_\_\_\_ Training and counseling services for the families of individuals served on this

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waiver. For purposes of this service, "family" is defined as the persons who live with or provide care to a person served on the waiver, and may include a parent, spouse, children, relatives, foster family, or in-laws. "Family" does not include individuals who are employed to care for the consumer. Training includes instruction about treatment regimens and use of equipment specified in the plan of care, and shall include updates as necessary to safely maintain the individual at home. All family training must be included in the individual's written plan of care.

\_\_\_\_\_ Other service definition (Specify):

q. \_\_\_\_\_ Attendant care services:

\_\_\_\_\_ Hands-on care, of both a supportive and health-related nature, specific to the needs of a medically stable, physically handicapped individual. Supportive services are those which substitute for the absence, loss, diminution, or impairment of a physical or cognitive function. this service may include skilled or nursing care to the extent permitted by State law. Housekeeping activities which are incidental to the performance of care may also be furnished as part of this activity.

Supervision (Check all that apply):

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\_\_\_\_\_ Supervision will be provided by a Registered Nurse, licensed to practice in the State. The frequency and intensity of supervision will be specified in the individual's written plan of care.

\_\_\_\_\_ Supervision may be furnished directly by the individual, when the person has been trained to perform this function, and when the safety and efficacy of consumer-provided supervision has been certified in writing by a registered nurse or otherwise as provided in State law. This certification must be based on direct observation of the consumer and the specific attendant care provider, during the actual provision of care. Documentation of this certification will be maintained in the consumer's individual plan of care.

\_\_\_\_\_ Other supervisory arrangements (Specify):

\_\_\_\_\_ Other service definition (Specify):

r. \_\_\_\_\_ Adult Residential Care (Check all that apply):

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\_\_\_\_\_ Adult foster care: Personal care and services, homemaker, chore, attendant care and companion services medication oversight (to the extent permitted under State law) provided in a licensed (where applicable) private home by a principal care provider who lives in the home. Adult foster care is furnished to adults who receive these services in conjunction with residing in the home. the total number of individuals (including persons served in the waiver) living in the home, who are unrelated to the principal care provider, cannot exceed\_\_\_\_). Separate payment will not be made for homemaker or chore services furnished to an individual receiving adult foster care services, since these services are integral to and inherent in the provision of adult foster care services.

\_\_\_\_\_ Assisted living: Personal care and services, homemaker, chore, attendant care, companion services, medication oversight (to the extent permitted under State law), therapeutic social and recreational programming, provided in a home-like environment in a licensed (where applicable) community care facility, in conjunction with residing in the facility. This service includes 24 hour on-site response staff to meet scheduled or unpredictable needs in a way that promotes maximum dignity and independence, and to provide supervision, safety and security. Other individuals or agencies may also furnish care directly, or under arrangement with the community care

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facility, but the care provided by these other entities supplements that provided by the community care facility and does not supplant it.

Personalized care is furnished to individuals who reside in their own living units (which may include dually occupied units when both occupants consent to the arrangement) which may or may not include kitchenette and/or living rooms and which contain bedrooms and toilet facilities. The consumer has a right to privacy. Living units may be locked at the discretion of the consumer, except when a physician or mental health professional has certified in writing that the consumer is sufficiently cognitively impaired as to be a danger to self or others if given the opportunity to lock the door. (This requirement does not apply where it conflicts with fire code.) Each living unit is separate and distinct from each other. The facility must have a central dining room, living room or parlor, and common activity center(s) (which may also serve as living rooms or dining rooms). The consumer retains the right to assume risk, tempered only by the individual's ability to assume responsibility for that risk. Care must be furnished in a way which fosters the independence of each consumer to facilitate aging in place. Routines of care provision and service delivery must be consumer-driven to the maximum extent possible, and treat each person with dignity and respect.

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Assisted living services may also include  
(Check all that apply):

- \_\_\_\_\_ Home health care
- \_\_\_\_\_ Physical therapy
- \_\_\_\_\_ Occupational therapy
- \_\_\_\_\_ Speech therapy
- \_\_\_\_\_ Medication administration
- \_\_\_\_\_ Intermittent skilled nursing services
- \_\_\_\_\_ Transportation specified in the plan of care
- \_\_\_\_\_ Periodic nursing evaluations
- \_\_\_\_\_ Other (Specify)

However, nursing and skilled therapy services (except periodic nursing evaluations if specified above) are incidental, rather than integral to the provision of assisted living services. Payment will not be made for 24-hour skilled care or supervision. FFP is not available in the cost of room and board furnished in conjunction with residing in an assisted living facility.

\_\_\_\_\_ Other service definition (Specify):

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Payments for adult residential care services are not made for room and board, items of comfort or convenience, or the costs of facility maintenance, upkeep and improvement. Payment for adult residential care services does not include payments made, directly or indirectly, to members of the consumer's immediate family. The methodology by which payments are calculated and made is described in Appendix G.

s.   X   Extended State plan services:

The following services, available through the approved State plan, will be provided, except that the limitations on amount, duration and scope specified in the plan will not apply. Services will be as defined and described in the approved State plan. The provider qualifications listed in the plan will apply, and are hereby incorporated into this waiver request by reference. These services will be provided under the State plan until the plan limitations have been reached. Documentation of the extent of services and cost-effectiveness are demonstrated in Appendix G. (Check all that apply):

       Physician services

       Home health care services

  X   Physical therapy services\*

  X   Occupational therapy services\*\*

  X   Speech, hearing and language services\*\*

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Prescribed drugs

Other State plan services (Specify):

Agency	* Strictly individual practice, not Home Health
	** Covered under the state plan, but in very limited settings

t.   X   Other waiver services which are cost-effective and necessary to prevent institutionalization (Specify):

X Home Delivered Meal Service: The Home Delivered Meal Service is designed to promote adequate waiver participant nutrition through the provision and home delivery of one to two meals per day. The need for this service will be documented in the individual support plan. This service is necessary to prevent institutionalization.

<u>X</u>	Behavior Consultation/Crisis Management: This service provides direct consultation and clinical evaluation of individuals who are currently experiencing or may be expected to experience, a psychological, behavioral, or emotional crisis. This service may provide training and staff development related to the needs of a recipient. These services also provide for emergency back-up involving the direct support of the individual in crisis. This service is necessary to prevent institutionalization.
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X  

Day Rehabilitation: assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day rehabilitation services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the plan of care. In addition, day rehabilitation services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

u. \_\_\_\_\_ Services for individuals with chronic mental illness, consisting of (Check one):

\_\_\_\_\_ Day treatment or other partial hospitalization services (Check one):

\_\_\_\_\_ Services that are necessary for the diagnosis or treatment of the individual's mental illness. These services consist of the following elements:

a. individual and group therapy with physicians or

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psychologists (or other  
mental health professionals  
to the extent authorized  
under State law),

- b. occupational therapy,  
requiring the skills of a  
qualified occupational  
therapist,
- c. services of social workers,  
trained psychiatric nurses,  
and other staff trained to  
work with individuals with  
psychiatric illness,
- d. drugs and biologicals  
furnished for therapeutic  
purposes,
- e. individual activity therapies  
that are not primarily  
recreational or diversionary,
- f. family counseling (the  
primary purpose of which is  
treatment of the individual's  
condition),
- g. training and education of the  
individual (to the extent  
that training and educational  
activities are closely and  
clearly related to the  
individual's care and  
treatment), and

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h. diagnostic services.

Meals and transportation are excluded from reimbursement under this service. The purpose of this service is to maintain the individual's condition and functional level and to prevent relapse or hospitalization.

\_\_\_\_\_ Other service definition  
(Specify):

\_\_\_\_\_ Psychosocial rehabilitation services (Check one):

\_\_\_\_\_ Medical or remedial services recommended by a physician or other licensed practitioner under State law, for the maximum reduction of physical or mental disability and the restoration of maximum functional level. Specific services include the following:

- a. restoration and maintenance of daily living skills (grooming, personal hygiene, cooking, nutrition, health and mental health education, medication management, money management and maintenance of the living environment);

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- b. social skills training in appropriate use of community services;
- c. development of appropriate personal support networks, therapeutic recreational services (which are focused on therapeutic intervention, rather than diversion); and
- d. telephone monitoring and counseling services.

The following are specifically excluded from Medicaid payment for psychosocial rehabilitation services:

- a. vocational services,
- b. prevocational services,
- c. supported employment services, and
- d. room and board.

\_\_\_\_\_ Other service definition  
(Specify):

\_\_\_\_\_ Clinic services (whether or not furnished in a facility) are services defined in 42 CFR 440.90.

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Check one:

\_\_\_\_\_ This service is furnished only on  
the premises of a clinic.

\_\_\_\_\_ Clinic services provided under  
this waiver may be furnished  
outside the clinic facility.  
Services may be furnished in the  
following locations (Specify):

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## **APPENDIX B -2**

### PROVIDER QUALIFICATIONS

#### A. LICENSURE AND CERTIFICATION CHART

The following chart indicates the requirements for the provision of each service under the waiver. Licensure, Regulation, State Administrative Code are referenced by citation. Standards not addressed under uniform State citation are attached.

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Personal Care Services	RN, LPN, or Certified Nursing Assistant		IDAPA 16.03.09796.14.	Basic and advanced TBI training. See attached.
Respite Care	Agencies; Individual Practitioners		IDAPA 16.03.09796.03.	Basic and advanced TBI training. See attached.
Residential Habilitation	Agencies ** Independent providers -- Must affiliate with an agency for oversight, training and QA.		IDAPA 16.03.09796.01.	Basic and advanced TBI training. See attached.
Supported Employment	Agencies		IDAPA 16.03.09796.04.	Basic and advanced TBI training. See attached.
Environmental Accessibility Adaptations	Contractor		IDAPA 16.03.09796.06.	
	Private Duty	Registered		

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Skilled Nursing	Nursing Agencies; Individual Practitioners	Nurse; Practical Nurse	IDAPA 16.03.09796.11.	Basic and advanced TBI training. See attached.
Transportation	Agencies; Individual Practitioners		IDAPA 16.03.09796.05.	Basic and advanced TBI training. See attached.
Specialized Medical Equipment & Supplies	DME Vendors		IDAPA 16.03.09796.07.	
Chore Services	Agencies; Individual Practitioners		IDAPA 16.03.09796.02.	
Personal Emergency Response System	Hospitals; Local Telephone Co.		IDAPA 16.03.09796.08.	
Day Rehabilitation	Agencies; Individual Providers		IDAPA 16.03.09796.13.	Basic and advanced TBI training. See attached.
Home Delivered Meals	Agencies		IDAPA 16.03.09796.09.	
Behavior Consultation/	Agencies; Individual	Licensed Pharmacist*;	IDAPA 16.03.09796.12.	Basic and advanced TBI training. See attached.

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SERVICE	PROVIDER	LICENSE	CERTIFICATION	OTHER STANDARD
Crisis Management	Practitioners	Neuro-Psychologist; Psychiatrist; Licensed Psychologist with behavioral analysis		
Extended State Plan Services	Agencies; Individual Practitioners	Physical Therapist; Speech Language Pathologist; Occupational Therapist	IDAPA 16.03.09796.10.	Basic and advanced TBI training. See attached.

\* Pharmacists evaluate actions and inactions and determine whether changes in medications is warranted.

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REVISED: 03/20/02

B. ASSURANCE THAT REQUIREMENTS ARE MET

The State assures that the standards of any State licensure or certification requirements are met for services or for individuals furnishing services provided under the waiver.

C. PROVIDER REQUIREMENTS APPLICABLE TO EACH SERVICE

For each service for which standards other than, or in addition to State licensure or certification must be met by providers, the applicable educational, professional, or other standards for service provision or for service providers are attached to this Appendix, tabbed and labeled with the name of the service(s) to which they apply.

When the qualifications of providers are set forth in State or Federal law or regulation, it is not necessary to provide copies of the applicable documents. However, the documents must be on file with the State Medicaid agency, and the licensure and certification chart at the head of this Appendix must contain the precise citation indicating where the standards may be found.

D. FREEDOM OF CHOICE

The State assures that each individual found eligible for the waiver will be given free choice of all qualified providers of each service included in his or her written plan of care.

APPROVED: \_\_\_\_\_

REVISED: 03/20/02

## APPENDIX B-3

## KEYS AMENDMENT STANDARDS FOR BOARD AND CARE FACILITIES

## KEYS AMENDMENT ASSURANCE:

The State assures that all facilities covered by section 1616(e) of the Social Security Act, in which home and community-based services will be provided, are in compliance with applicable State standards that meet the requirements of 45 CFR Part 1397 for board and care facilities.

## APPLICABILITY OF KEYS AMENDMENT STANDARDS:

Check one:

\_\_\_\_\_ Home and community-base services will not be provided in facilities covered by section 1616(e) of the Social Security Act. Therefore, no standards are provided.

  X   A copy of the standards applicable to each type of facility identified above is maintained by the Medicaid agency.

APPROVED: \_\_\_\_\_

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**APPENDIX C-Eligibility and Post-Eligibility****Appendix C-1--Eligibility****MEDICAID ELIGIBILITY GROUPS SERVED**

Individuals receiving services under this waiver are eligible under the following eligibility group(s) in your State plan. The State will apply all applicable FFP limits under the plan. **(Check all that apply.)**

1. ☐ Low income families with children as described in section 1931 of the Social Security Act.
2. ☐ SSI recipients (SSI Criteria States and 1634 States).
3. ☐ Aged, blind or disabled in 209(b) States who are eligible under ' 435.121 (aged, blind or disabled who meet requirements that are more restrictive than those of the SSI program).
4. ☐ Optional State supplement recipients
5. ☐ Optional categorically needy aged and disabled who have income at (Check one):
  - a. ☐ 100% of the Federal poverty level (FPL)
  - b. ☐ % Percent of FPL which is lower than 100%.
6. ☒ The special home and community-based waiver group under 42 CFR 435.217 (Individuals who would be eligible for Medicaid if they were in an institution, who have been determined to need home and community-based services in order to remain in the community, and who are covered under the terms of this waiver).

Spousal impoverishment rules are used in determining eligibility for the special home and community-based waiver group at 42 CFR 435.217.

☒ A. Yes      ☐ B. No

Check one:

a. ☒ The waiver covers all individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community; or

b. ☐ Only the following groups of individuals who would be eligible for Medicaid if they were in a medical institution and who need home and community-based services in order to remain in the community are included in this waiver: (check all that apply):

(1) ☐ A special income level equal to:

☐ 300% of the SSI Federal benefit (FBR)

☐ % of FBR, which is lower than 300% (42 CFR 435.236)

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\$\_\_\_\_\_ which is lower than 300%

(2)\_\_\_\_\_ Aged, blind and disabled who meet requirements that are more restrictive than those of the SSI program. (42 CFR 435.121)

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(3)\_\_\_ Medically needy without spenddown in States which also provide Medicaid to recipients of SSI. (42 CFR 435.320, 435.322, and 435.324.)

(4)\_\_\_ Medically needy without spenddown in 209(b) States.  
(42 CFR 435.330)

(5)\_\_\_ Aged and disabled who have income at:

a. \_\_\_ 100% of the FPL

b. \_\_\_% which is lower than 100%.

(6)\_\_\_ Other (Include statutory reference only to reflect additional groups included under the State plan.)

7. \_\_\_ Medically needy (42 CFR 435.320, 435.322, 435.324 and 435.330)

8. \_\_\_ Other (Include only statutory reference to reflect additional groups under your plan that you wish to include under this waiver.)

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**Appendix C-2--Post-Eligibility****GENERAL INSTRUCTIONS**

ALL Home and Community-Based waiver recipients found eligible under 435.217 are subject to post-eligibility calculations.

Eligibility and post-eligibility are two separate processes with two separate calculations. Eligibility determines whether a person may be served on the waiver. Post-eligibility determines the amount (if any) by which Medicaid reduces its payment for services furnished to a particular individual. By doing so, post-eligibility determines the amount (if any) for which an individual is liable to pay for the cost of waiver services.

An eligibility determination (and periodic redetermination) must be made for each person served on the waiver.

Post-eligibility calculations are made ONLY for persons found eligible under ' 435.217.

Post-eligibility determinations must be made for all groups of individuals who would be eligible for Medicaid if they were in a medical institution and need home and community-based services in order to remain in the community (' 435.217). For individuals whose eligibility is not determined under the spousal rules (' 1924 of the Social Security Act), the State must use the regular post-eligibility rules at 435.726 and 435.735. However, for persons found eligible for Medicaid using the spousal impoverishment rules, the State has two options concerning the application of post-eligibility rules:

OPTION 1: The State may use the post-eligibility (PE) rules under 42 CFR ' 435.726 and ' 435.735 just as it does for other individuals found eligible under ' 435.217 or;

OPTION 2: it may use the spousal post-eligibility rules under ' 1924.

**REGULAR POST-ELIGIBILITY RULES -- ' 435.726 and ' 435.735**

- o The State must provide an amount for the maintenance needs of the individual. This amount must be based upon a reasonable assessment of the individual's needs in the community.
- o If the individual is living with his or her spouse, or if the individual is living in the community and the spouse is living at home, the State must protect an additional amount for the spouse's maintenance. This amount is limited by the highest appropriate income standard for cash assistance, or the medically needy standard. The State may choose which standard to apply.
- o If the individual's spouse is not living in the individual's home, no maintenance amount is protected for that spouse's needs.
- o If other family members are living with the individual, an additional amount is protected for their needs. This amount is limited by the AFDC need standard for a family of the same size or by the appropriate medically needy standard for a family of the same size. The State may choose which standard to apply.

**SPOUSAL POST-ELIGIBILITY-- ' 1924**

When a person who is eligible as a member of a 42 CFR 435.217 group has a community spouse, the State may treat the individual as if he or she is institutionalized and apply the post-eligibility rules of ' 1924 of the Act (protection against spousal impoverishment) instead of the post-eligibility rules under 42 CFR 435.726 and 435.735. The ' 1924 post-eligibility rules provide for a more generous community spouse and family allowance than the rules

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under 42 CFR 435.726 and 435.735. Spousal impoverishment post-eligibility rules can only be used if the State is using spousal impoverishment eligibility rules.

The spousal protection rules also provide for protecting a personal needs allowance (PNA) "described in ' 1902(q)(1)" for the needs of the institutionalized individual. This is an allowance which is reasonable in amount for clothing and other personal needs of the individual . . . while in an institution." For institutionalized individuals this amount could be as low as \$30 per month. Unlike institutionalized individuals whose room and board are covered by Medicaid, the personal needs of the home and community-based services recipient must include a reasonable amount for food and shelter as well as for clothing. The \$30 PNA is not a sufficient amount for these needs when the individual is living in the community.

Therefore, States which elect to treat home and community-based services waiver participants with community spouses under the ' 1924 spousal impoverishment post-eligibility rules must use as the personal needs allowance either the maintenance amount which the State has elected under 42 CFR 435.726 or 42 CFR 435.735, or an amount that the State can demonstrate is a reasonable amount to cover the individual=s maintenance needs in the community.

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**POST ELIGIBILITY****REGULAR POST ELIGIBILITY**

1. X **SSI State.** The State is using the post-eligibility rules at 42 CFR 435.726. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

A. 435.726--States which **do not use more restrictive** eligibility requirements than SSI.

a. Allowances for the needs of the

1. individual: (Check one):

A. X The following standard included under the State plan (check one):

(1)\_\_\_ SSI

(2)\_\_\_ Medically needy

(3) X The special income  
level for the institutionalized

(4)\_\_\_ The following percent of the Federal poverty  
level): \_\_\_%

(5)\_\_\_ Other (specify):  
\_\_\_\_\_

B. \_\_\_ The following dollar amount:

\$ \_\_\_\*

\* If this amount changes, this item will be revised.

C. \_\_\_ The following formula is used to determine the needs allowance:

**Note:** If the amount protected for waiver recipients in item 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under 42 CFR 435.217, **enter NA in items 2. and 3.** following.

2. spouse only (check one):

A. \_\_\_ SSI standard

B. \_\_\_ Optional State supplement standard

C. \_\_\_ Medically needy income standard

D. \_\_\_ The following dollar amount:

\$ \_\_\_\*

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\* If this amount changes, this item will be revised.

E.\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_\_% of \_\_\_\_standard.

F.\_\_\_\_ The amount is determined using the following formula:

G. X Not applicable (N/A)

3. Family (check one):

A.\_\_\_\_ AFDC need standard

B.\_\_\_\_ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State=s approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C.\_\_\_\_ The following dollar amount:  
\$ \_\_\_\_\*

\*If this amount changes, this item will be revised.

D.\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: %\_\_\_\_ of \_\_\_\_ standard.

E.\_\_\_\_ The amount is determined using the following formula:

F.\_\_\_\_ Other

G. X Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.726.

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**POST-ELIGIBILITY****REGULAR POST ELIGIBILITY**

1.(b) 209(b) State, a State that is using more restrictive eligibility requirements than SSI. The State is using the post-eligibility rules at 42 CFR 435.735. Payment for home and community-based waiver services are reduced by the amount remaining after deduction the following amounts from the waiver recipients income.

B. 42 CFR 435.735--States using more restrictive requirements than SSI.

(a) Allowances for the needs of the

1. individual: (check one):

A.      The following standard included under the State plan (check one):

(1)      SSI

(2)      Medically needy

(3)      The special income  
level for the institutionalized

(4)      The following percentage of  
the Federal poverty level:          %

(5)      Other (specify):  
\_\_\_\_\_

B.      The following dollar amount:  
\$          \*

\* If this amount changes, this item will be revised.

C.      The following formula is used to determine the amount:

**Note:** If the amount protected for waiver recipients in 1. is **equal to, or greater than** the maximum amount of income a waiver recipient may have and be eligible under ' 435.217, **enter NA in items 2. and 3.** following.

2. spouse only (check one):

A.      The following standard under 42 CFR 435.121:

B.      The medically needy income  
standard         ;

C.      The following dollar amount:  
\$          \*

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\* If this amount changes, this item will be revised.

D.\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_% of

E.\_\_\_\_ The following formula is used to determine the amount:

F.\_\_\_\_ Not applicable (N/A)

3. family (check one):

A.\_\_\_\_ AFDC need standard

B.\_\_\_\_ Medically needy income standard

The amount specified below cannot exceed the higher of the need standard for a family of the same size used to determine eligibility under the State=s approved AFDC plan or the medically income standard established under 435.811 for a family of the same size.

C.\_\_\_\_ The following dollar amount:  
\$ \_\_\_\_\_\*

\* If this amount changes, this item will be revised.

D.\_\_\_\_ The following percentage of the following standard that is not greater than the standards above: \_\_\_\_\_% of \_\_\_\_\_standard.

E.\_\_\_\_ The following formula is used to determine the amount:

F.\_\_\_\_ Other

G.\_\_\_\_ Not applicable (N/A)

b. Medical and remedial care expenses specified in 42 CFR 435.735.

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**POST ELIGIBILITY****SPOUSAL POST ELIGIBILITY**

- 2.\_\_\_\_ The State uses the post-eligibility rules of ' 1924(d) of the Act (spousal impoverishment protection) to determine the individual's contribution toward the cost of home and community-based care if it determines the individual's eligibility under ' 1924 of the Act. There shall be deducted from the individual's monthly income a personal needs allowance (as specified below), and a community spouse's allowance, a family allowance, and an amount for incurred expenses for medical or remedial care, as specified in the State Medicaid plan.

(A) Allowance for personal needs of the individual:  
(check one)

(a)\_\_\_\_ SSI Standard

(b)\_\_\_\_ Medically Needy Standard

(c)\_\_\_\_ The special income level for the institutionalized

(d)\_\_\_\_ The following percent of the Federal poverty level:  
\_\_\_\_%

(e)\_\_\_\_ The following dollar amount  
\$\_\_\_\_\*\*

\*\*If this amount changes, this item will be revised.

(f)\_\_\_\_ The following formula is used to determine the needs allowance:

(g)\_\_\_\_ Other (specify):

If this amount is different from the amount used for the individual=s maintenance allowance under 42 CFR 435.726 or 42 CFR 435.735, explain why you believe that this amount is reasonable to meet the individual=s maintenance needs in the community.

**APPENDIX D**  
**ENTRANCE PROCEDURES AND REQUIREMENTS**

## APPENDIX D-1

## a. EVALUATION OF LEVEL OF CARE

The agency will provide for an evaluation (and periodic reevaluations) of the need for the level(s) of care indicated in item 2 of this request, when there is a reasonable indication that individuals might need such services in the near future, but for the availability of home and community-based services.

## b. QUALIFICATIONS OF INDIVIDUALS PERFORMING INITIAL EVALUATION

The educational/professional qualifications of persons performing initial evaluations of level of care for waiver participants are (Check all that apply):

\_\_\_ Discharge planning team

\_\_\_ Physician (M.D. or D.O.)

\_\_\_ Registered Nurse, licensed in the State

\_\_\_ Licensed Social Worker

\_\_\_ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

  X   Other (Specify):

A Registered Nurse from the Regional Medicaid Unit (RMU), who may determine to bring in others if necessary.

APPENDIX D-2

a. REEVALUATIONS OF LEVEL OF CARE

Reevaluations of the level of care required by the individual will take place (at a minimum) according to the following schedule (Specify):

- \_\_\_ Every 3 months
- \_\_\_ Every 6 months
- X  Every 12 months
- \_\_\_ Other (Specify):

b. QUALIFICATIONS OF PERSONS PERFORMING REEVALUATIONS

Check one:

- X  The educational/professional qualifications of person(s) performing reevaluations of level of care are the same as those for persons performing initial evaluations.
- \_\_\_ The educational/professional qualifications of persons performing reevaluations of level of care differ from those of persons performing initial evaluations. The following qualifications are met for individuals performing reevaluations of level of care (Specify):
- \_\_\_ Physician (M.D. or D.O.)
- \_\_\_ Registered Nurse, licensed in the State
- \_\_\_ Licensed Social Worker

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\_\_\_ Qualified Mental Retardation Professional, as defined in 42 CFR 483.430(a)

\_\_\_ Other (Specify):

c. PROCEDURES TO ENSURE TIMELY REEVALUATIONS

The State will employ the following procedures to ensure timely reevaluations of level of care (Check all that apply):

\_\_\_ "Tickler" file

X Edits in computer system

\_\_\_ Component part of case management

\_\_\_ Other (Specify):

APPROVED: \_\_\_\_\_

APPENDIX D-3

a. MAINTENANCE OF RECORDS

1. Records of evaluations and reevaluations of level of care will be maintained in the following location(s) (Check all that apply):

- ☐ By the Medicaid agency in its central office
- ☐ By the Medicaid agency in district/local offices
- ☐ By the agency designated in Appendix A as having primary authority for the daily operations of the waiver program
- ☐ By the case managers
- ☐ By the persons or agencies designated as responsible for the performance of evaluations and reevaluations
- ☐ By service providers
- ☒ Other (Specify):  
By the Regional Medicaid Unit

2. Written documentation of all evaluations and reevaluations will be maintained as described in this Appendix for a minimum period of 3 years.

APPROVED: \_\_\_\_\_

b. COPIES OF FORMS AND CRITERIA FOR EVALUATION/ASSESSMENT

A copy of the written assessment instrument(s) to be used in the evaluation and reevaluation of an individual's need for a level of care indicated in item 2 of this request is attached to this Appendix.

For persons diverted rather than deinstitutionalized, the State's evaluation process must provide for a more detailed description of their evaluation and screening procedures for individuals to ensure that waiver services will be limited to persons who would otherwise receive the level of care specified in item 2 of this request.

Check one:

- X             The process for evaluating and screening diverted individuals is the same as that used for deinstitutionalized persons.
- \_\_\_\_           The process for evaluating and screening diverted individuals differs from that used for deinstitutionalized persons. Attached is a description of the process used for evaluating and screening diverted individuals.

APPROVED: \_\_\_\_\_

**ATTACHMENT D-1  
ASSESSMENT INSTRUMENTS**

**Comprehensive Assessment**

**Purpose:** The initial comprehensive assessment is the collection of in-depth information about an applicant=s health, current situation, and ability to function which allows for the identification of the person=s strengths, desires, choices, and needs in the major life functioning areas. It is broadly based in that it covers a wide range of functional areas, and it is comprehensive in that it closely examines each area of functioning. It identifies the services and help currently provided by informal and formal supports and the need for additional services and supports. The results of the comprehensive assessment will be the basis for determination of eligibility for waiver services and the development of the Individual Support Plan.

**Process:**

1. The Regional Medicaid Unit will be responsible for gathering all required materials comprising the comprehensive assessment.
2. The initial comprehensive assessment will include the following materials or documents, at a minimum:
  - (a) A Uniform Assessment Instrument (UAI). See attached.
  - (b) A written narrative medical, physical, and social history.
  - (c) Specialized assessments (Medical, behavioral, mobility, etc.) as necessary.

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
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**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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REVISED: 03/20/02

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-1**

**ASSESSMENT INSTRUMENTS - UNIFORM ASSESSMENT INSTRUMENT**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-2**  
**NURSING FACILITY LOC DETERMINATION FORM**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-2**  
**NURSING FACILITY LOC DETERMINATION PROCESS**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-2**  
**NURSING FACILITY LOC DETERMINATION PROCESS (cont.)**

APPROVED: \_\_\_\_\_

D-90

DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-3**  
**PHYSICIAN ASSESSMENT FORM (EXAMPLE)**

APPROVED: \_\_\_\_\_

D-91

DATE: 10/01/01  
REVISED: 03/20/02

STATE: Idaho

**ATTACHMENT D-3**  
**PHYSICIAN ASSESSMENT FORM (continued)**

APPROVED: \_\_\_\_\_

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DATE: 10/01/01  
REVISED: 03/20/02

APPENDIX D-4

a. FREEDOM OF CHOICE AND FAIR HEARING

1. When an individual is determined to be likely to require a level of care indicated in item 2 of this request, the individual or his or her legal representative will be:
  - a. informed of any feasible alternatives under the waiver; and
  - b. given the choice of either institutional or home and community-based services.
2. The agency will provide an opportunity for a fair hearing under 42 CFR Part 431, subpart E, to individuals who are not given the choice of home or community-based services as an alternative to the institutional care indicated in item 2 of this request or who are denied the service(s) of their choice, or the provider(s) of their choice.
3. The following are attached to this Appendix:
  - a. A copy of the form(s) used to document freedom of choice and to offer a fair hearing;
  - b. A description of the agency's procedure(s) for informing eligible individuals (or their legal representatives) of the feasible alternatives available under the waiver;
  - c. A description of the State's procedures for allowing individuals to choose either institutional or home and community-based services; and

STATE: Idaho

- d. A description of how the individual (or legal representative) is offered the opportunity to request a fair hearing under 42 CFR Part 431, Subpart E.

b. FREEDOM OF CHOICE DOCUMENTATION

Specify where copies of this form are maintained:

Freedom of Choice documentation is maintained in the recipient=s residence and in the recipient=s file in the Regional Medicaid Unit.

APPROVED: \_\_\_\_\_

**ATTACHMENT D-4**

**FORM USED TO DOCUMENT FREEDOM OF CHOICE**

This form is used at the time of client's assessment, and is accompanied by a discussion between the Regional Medicaid Unit assessing nurse and the client and/or guardian or other decision maker. The client is told which services they qualify for and the option for institutional (nursing home) placement.

APPROVED: \_\_\_\_\_

D-95

DATE: 10/01/01  
REVISED: 03/20/02

**ATTACHMENT D-5**  
**FORM USED TO APPEAL FOR FAIR HEARING**

The next 2 pages contain information for the client or guardians about how to appeal a decision of the Department or a Civil Right's issue if they do not agree with a decision which was made by the Department.

STATE: Idaho

**ATTACHMENT D-5**  
**FORM USED TO APPEAL FOR CIVIL RIGHTS COMPLAINT**

APPROVED: \_\_\_\_\_

D-97

DATE: 10/01/01  
REVISED: 03/20/02

**ATTACHMENT D-6**  
**DHW PROCEDURES FOR INFORMING ELIGIBLES**  
**OF ALTERNATIVES AVAILABLE UNDER THE WAIVER**

The client is informed of the alternatives for care available under the State=s Medicaid program during the development of the Individual Support Plan. This action is performed by the regional Medicaid unit. Refer to Attachment E-2.

**ATTACHMENT D-6**  
**DHW PROCEDURES FOR ALLOWING ELIGIBLES**  
**TO CHOOSE BETWEEN INSTITUTIONAL AND HCBS**

The client is informed of the right to choose between institutional care and home and community-based services care during the development of the Individual Support Plan. This action is performed by the regional Medicaid unit. See page D-41 and Attachment E-2.

**ATTACHMENT D-7**  
**PROCEDURES TO REQUEST A FAIR HEARING**

See attached - this is a Prior Authorization letter used whenever specific waiver services are authorized or denied. The second page of this attachment is the back of the Prior Authorization letter which outlines the client's right to a Fair Hearing.

APPROVED: \_\_\_\_\_

E-100

DATE: 10/01/01  
REVISED: 12/20/01

**ATTACHMENT D-7**  
**PROCEDURES TO REQUEST A FAIR HEARING (cont.)**

APPROVED: \_\_\_\_\_

E-101

DATE: 10/01/01  
REVISED: 12/20/01

**APPENDIX E  
PLAN OF CARE**

## APPENDIX E-1

## a. PLAN OF CARE DEVELOPMENT

1. The following individuals are responsible for the preparation of the plans of care:

☐ Registered nurse, licensed to practice in the State

☐ Licensed practical or vocational nurse, acting within the scope of practice under State law

☐ Physician (M.D. or D.O.) licensed to practice in the State

☐ Social Worker (qualifications attached to this Appendix)

☒ Case Manager

☐ Other (specify):

2. Copies of written plans of care will be maintained for a minimum period of 3 years. Specify each location where copies of the plans of care will be maintained.

☐ At the Medicaid agency central office

☒ At the Medicaid agency county/regional offices

☒ By case managers

☐ By the agency specified in Appendix A

☒ By consumers

☐ Other (specify):

3. The plan of care is the fundamental tool by which the State will ensure the health and welfare of the individuals served under this waiver. As such, it will be subject to periodic review and update. These reviews will take place to determine the appropriateness and adequacy of the services, and to ensure that the services furnished are consistent with the nature and severity of the individual's disability. The minimum schedule under which these reviews will occur is:

☐ Every 3 months

☐ Every 6 months

☒ Every 12 months

☐ Other (specify):

**APPENDIX E-2**

a. MEDICAID AGENCY APPROVAL

The following is a description of the process by which the plan of care is made subject to the approval of the Medicaid agency:

Please refer to Attachment E-1 of this Appendix.

b. STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE

1. The plan of care will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the type of provider to furnish each service.
2. A copy of the plan of care form to be utilized in this waiver is attached to this Appendix.

**ATTACHMENT E-1**  
**PLAN OF CARE DEVELOPMENT PROCESS**

**A. MEDICAID AGENCY APPROVAL**

The following is a description of the process by which the plan of care is made subject to the approval of the Medicaid agency: The Individual Support Plan (ISP) is developed by the ISP team. The ISP team consists of the waiver participant and the case manager, and may include other people identified by the waiver participant, such as: (a) the waiver participant's family or legal guardian; (b) other interested parties/advocates; (c) potential providers of waiver services when known; (d) when the waiver participant is being discharged from an institution, a representative of the facility from which the person is leaving who is familiar with the individual.

Efforts will be made to maximize the individual's participation on the ISP team by providing the waiver participant with information and education regarding his/her rights and role.

The case manager will determine the cost of waiver services. Based on the ISP, the case manager will compare the costs of waiver services to the cost cap established by the Department of Health and Welfare (Factor G in the cost neutrality formula). The case manager will submit the ISP to the Regional Medicaid Unit for authorization and final expenditure approval to ensure cost effectiveness of the ISP.

**B. STATUTORY REQUIREMENTS AND COPY OF PLAN OF CARE**

1. The plan of care will contain, at a minimum, the type of services to be furnished, the amount, the frequency and duration of each service, and the type of provider to furnish each service.
2. A copy of the plan of care form to be utilized in this waiver is included in this appendix as Attachment E-2.

**ATTACHMENT E-2  
PLAN OF CARE FORMS**

**ATTACHMENT E-2 (Continued)**

**ATTACHMENT E-2 (Continued)**

**ATTACHMENT E-2 (Continued)**

**ATTACHMENT E-2 (Continued)**

APPROVED: \_\_\_\_\_

F-109

DATE: 10/01/01  
REVISED: 12/20/01

**APPENDIX F  
AUDIT TRAIL**

## a. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.
2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.
3. Method of payments (check one):
  - ☒ Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).
  - ☐ Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.
  - ☐ Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

APPROVED: \_\_\_\_\_

F-110

DATE: 10/01/01  
REVISED: 12/20/01

\_\_\_\_\_ Other (Describe in detail):

b. BILLING AND PROCESS AND RECORDS RETENTION

1. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:

- a. When the individual was eligible for Medicaid waiver payment on the date of service;
- b. When the service was included in the approved plan of care;
- c. In the case of supported employment, prevocational or educational services included as part of habilitation services, when the individual was eligible to receive the services and the services were not available to the individual through a program funded under section 602(16) or (17) of the Individuals with Disabilities Education Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

  X   Yes

\_\_\_\_\_ No. These services are not included in this waiver.

2. The following is a description of all records maintained in connection with an audit trail. Check one:

  X   All claims are processed through an approved MMIS.

\_\_\_\_\_ MMIS is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

APPROVED: \_\_\_\_\_

F-111

DATE: 10/01/01  
REVISED: 12/20/01

c. PAYMENT ARRANGEMENTS

1. Check all that apply:

- ☐ The Medicaid agency will make payments directly to providers of waiver services.
- ☒ The Medicaid agency will pay providers through the same fiscal agent used in the rest of the Medicaid program.
- ☐ The Medicaid agency will pay providers through the use of a limited fiscal agent who functions only to pay waiver claims.
- ☐ Providers may *voluntarily* reassign their right to direct payments to the following governmental agencies (specify):

Providers who choose not to voluntarily reassign their right to direct payments will not be required to do so. Direct payments will be made using the following method:

2. Interagency agreement(s) reflecting the above arrangements are on file at the Medicaid agency.

APPROVED: \_\_\_\_\_

F-112

DATE: 10/01/01  
REVISED: 12/20/01

**ATTACHMENT F-1  
BILLING PROCESS AND RECORDS RETENTION**

All Medicaid claims for waiver services and all other claims for Medicaid reimbursable services are processed through the State=s Medicaid Management Information System (MMIS).

Client eligibility for Medicaid is electronically transmitted and updated to MMIS from the State=s automated eligibility system (EPICS).

Prior authorization of Medicaid reimbursable services on the approved plan of care is entered into MMIS by the Regional Medicaid Unit.

Before supported employment is authorized by Regional Medicaid Services, the case manager must provide documentation obtained from the Idaho Division of Vocational Rehabilitation that the individual is not eligible or is no longer eligible for supported employment services funded by IDVR under Section 110 of the Rehabilitation Act of 1973, as amended. Sheltered workshops will not be authorized.

All records are maintained by MMIS. These records are as follows: all claim forms, either on hard copy or microfiche; all remittance and status reports which accompany checks; all adjustment request form submitted on hard copy or microfiche; and electronic claims information contained in MMIS.

**APPENDIX F  
AUDIT TRAIL**

## a. DESCRIPTION OF PROCESS

1. As required by sections 1905(a) and 1902(a)(32) of the Social Security Act, payments will be made by the Medicaid agency directly to the providers of waiver and State plan services.
2. As required by section 1902(a)(27) of the Social Security Act, there will be a provider agreement between the Medicaid agency and each provider of services under the waiver.
3. Method of payments (check one):
  - ☒ Payments for all waiver and other State plan services will be made through an approved Medicaid Management Information System (MMIS).
  - ☐ Payments for some, but not all, waiver and State plan services will be made through an approved MMIS. A description of the process by which the State will maintain an audit trail for all State and Federal funds expended, and under which payments will be made to providers is attached to this Appendix.
  - ☐ Payment for waiver services will not be made through an approved MMIS. A description of the process by which payments are made is attached to this Appendix, with a description of the process by which the State will maintain an audit trail for all State and Federal funds expended.

\_\_\_\_\_ Other (Describe in detail):

b. BILLING AND PROCESS AND RECORDS RETENTION

1. Attached is a description of the billing process. This includes a description of the mechanism in place to assure that all claims for payment of waiver services are made only:

- a. When the individual was eligible for Medicaid waiver payment on the date of service;
- b. When the service was included in the approved plan of care;
- c. In the case of supported employment, prevocational or educational services included as part of habilitation services, when the individual was eligible to receive the services and the services were not available to the individual through a program funded under section 602(16) or (17) of the Individuals with Disabilities Education Act (P.L. 94-142) or section 110 of the Rehabilitation Act of 1973.

  X   Yes

\_\_\_\_\_ No. These services are not included in this waiver.

2. The following is a description of all records maintained in connection with an audit trail. Check one:

  X   All claims are processed through an approved MMIS.

\_\_\_\_\_ MMIS is not used to process all claims. Attached is a description of records maintained with an indication of where they are to be found.

3. Records documenting the audit trail will be maintained by the Medicaid agency, the agency specified in Appendix A (if applicable), and providers of waiver services for a minimum period of 3 years.

APPROVED: \_\_\_\_\_

F-115

DATE: 10/01/01  
REVISED: 12/20/01

c. PAYMENT ARRANGEMENTS

1. Check all that apply:

- ☐ The Medicaid agency will make payments directly to providers of waiver services.
- ☒ The Medicaid agency will pay providers through the same fiscal agent used in the rest of the Medicaid program.
- ☐ The Medicaid agency will pay providers through the use of a limited fiscal agent who functions only to pay waiver claims.
- ☐ Providers may *voluntarily* reassign their right to direct payments to the following governmental agencies (specify):

Providers who choose not to voluntarily reassign their right to direct payments will not be required to do so. Direct payments will be made using the following method:

2. Interagency agreement(s) reflecting the above arrangements are on file at the Medicaid agency.

APPROVED: \_\_\_\_\_

F-116

DATE: 10/01/01  
REVISED: 12/20/01

**ATTACHMENT F-1  
BILLING PROCESS AND RECORDS RETENTION**

All Medicaid claims for waiver services and all other claims for Medicaid reimbursable services are processed through the State's Medicaid Management Information System (MMIS).

Client eligibility for Medicaid is electronically transmitted and updated to MMIS from the State's automated eligibility system (EPICS).

Prior authorization of Medicaid reimbursable services on the approved plan of care is entered into MMIS by the Regional Medicaid Unit.

Before supported employment is authorized by Regional Medicaid Services, the case manager must provide documentation obtained from the Idaho Division of Vocational Rehabilitation that the individual is not eligible or is no longer eligible for supported employment services funded by IDVR under Section 110 of the Rehabilitation Act of 1973, as amended. Sheltered workshops will not be authorized.

All records are maintained by MMIS. These records are as follows: all claim forms, either on hard copy or microfiche; all remittance and status reports which accompany checks; all adjustment request form submitted on hard copy or microfiche; and electronic claims information contained in MMIS.

APPROVED: \_\_\_\_\_

G-117

DATE: 10/01/01  
REVISED: 12/20/01

**APPENDIX G**  
**FINANCIAL DOCUMENTATION**

APPENDIX G-1  
 COMPOSITE OVERVIEW  
 COST NEUTRALITY FORMULA

INSTRUCTIONS: Complete one copy of this Appendix for each level of care in the waiver. If there is more than one level (e.g. hospital and nursing facility), complete a Appendix reflecting the weighted average of each formula value and the total number of unduplicated individuals served.

LEVEL OF CARE: NF

YEAR

		FACTO
	R D	FACTO
	R D'	FACTO
	R G	FACTO
	R G'	FACTO
1		
		<u>42,920</u>
		<u>3,435</u>
		<u>99,554</u>
		<u>29,288</u>
2		
		<u>44,391</u>
		<u>5,954</u>
		<u>172,560</u>
		<u>50,766</u>
3		
		<u>46,567</u>
		<u>8,669</u>
		<u>251,247</u>
		<u>73,915</u>
4		
		<u>48,407</u>
		<u>9,016</u>
		<u>261,297</u>
		<u>76,872</u>

APPROVED: \_\_\_\_\_

State: Idaho

5

50,321

9,376  
271,749

79,946

APPROVED: \_\_\_\_\_

G-119

DATE: 10/01/01  
REVISED: 12/20/01

State: Idaho

FACTOR C: NUMBER OF UNDUPLICATED INDIVIDUALS SERVED

YEAR	UNDUPLICATED INDIVIDUALS
------	--------------------------

1	<u>30</u>
---	-----------

2	<u>50</u>
---	-----------

3	<u>70</u>
---	-----------

4	<u>70</u>
---	-----------

5	<u>70</u>
---	-----------

EXPLANATION OF FACTOR C:

Check one:

  X   The State will make waiver services available to individuals in the target group up to the number indicated as factor C for the waiver year.

       The State will make waiver services available to individuals in the target group up to the lesser of the number of individuals indicated as factor C for the waiver year, or the number authorized by the State legislature for that time period.

The State will inform HCFA in writing of any limit which is less than factor C for that waiver year.

APPROVED: \_\_\_\_\_

State: Idaho

APPENDIX G-2  
METHODOLOGY FOR DERIVATION OF FORMULA VALUES

FACTOR D

LOC: NF

The July 25, 1994 final regulation defines Factor D as:

"The estimated annual average per capita Medicaid cost for home  
and community-based services for individuals in the waiver  
program."

The demonstration of Factor D estimates is on the following page.

APPROVED: \_\_\_\_\_

G-121

DATE: 10/01/01  
REVISED: 12/20/01

State: Idaho

SAT

APPENDIX G-2

FACTOR D

LOC: NF

Demonstration of Factor D estimates:

Waiver Year 1 X 2        3        4        5

Waiver Service Column A	#Undup.Recip. (Users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
Personal Care Services	20	340 days	47.36	322,048
Respite Care	10	7 days	50.88	3,562
Residential Habilitation	30	260 days	57.24	446,472
Supported Employment	15	80 hrs	17.12	20,544
Environmental Accessibility Adaptations	15	1 unit	3,500.00	52,500
Skilled Nursing	15	60 hrs	22.81	20,529
Transportation	30	1800 miles	.35	18,900
Specialized Medical Equip & Supplies	15	1 unit	3,500.00	52,500
Chore Services	5	142 hrs	10.56	7,498
PERS	10	12 months	33.83	4,060
Day Rehabilitation	20	1560 hrs	7.08	220,896
Extended State Plan Services	5	36 hrs	26.40	4,752
Home Delivered Meal Service	20	730 meals	5.23	76,358
Behavior Consultation/Crisis Management	30	48 hrs	25.68	36,979
GRAND TOTAL (sum of Column E):				1,287,598
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:				30
FACTOR D (Divide total by number of recipients):				42,920
AVERAGE LENGTH OF STAY: <u>365 days</u>				

State: Idaho

SAT

APPENDIX G-2

FACTOR D

LOC: NF

Demonstration of Factor D estimates:

Waiver Year 1 \_\_\_\_\_ 2 X 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Waiver Service Column A	#Undup.Recip. (Users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
Personal Care Services	33	340 days	49.25	552,585
Respite Care	17	7 days	52.91	6,296
Residential Habilitation	50	260 days	59.52	773,760
Supported Employment	25	80 hrs	17.80	35,600
Environmental Accessibility Adaptations	25	1 unit	3,640.00	91,000
Skilled Nursing	25	60 hrs	23.72	35,580
Transportation	50	1800 miles	.36	32,400
Specialized Medical Equip & Supplies	25	1 unit	3,640.00	91,000
Chore Services	8	142 hrs	10.98	12,473
PERS	17	12 months	35.18	7,177
Day Rehabilitation	33	1560 hrs	7.36	378,893
Extended State Plan Services	8	36 hrs	27.45	7,906
Home Delivered Meal Service	33	730 meals	5.43	130,809
Behavior Consultation/Crisis Management	50	48 hrs	26.70	64,080
GRAND TOTAL (sum of Column E):				2,219,559
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:				50
FACTOR D (Divide total by number of recipients):				44,391
AVERAGE LENGTH OF STAY: <u>365 days</u>				

State: Idaho

SAT

APPENDIX G-2

FACTOR D

LOC: NF

Demonstration of Factor D estimates:

Waiver Year 1        2        3   X   4        5

Waiver Service Column A	#Undup.Recip. (Users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
Personal Care Services	47	340 days	51.22	818,496
Respite Care	23	7 days	55.03	8,860
Residential Habilitation	70	260 days	61.91	1,126,762
Supported Employment	35	80 hrs	18.51	51,828
Environmental Accessibility Adaptations	35	1 unit	3,786.00	132,510
Skilled Nursing	35	60 hrs	24.67	51,807
Transportation	70	1800 miles	.37	46,620
Specialized Medical Equip & Supplies	35	1 unit	3,786.00	132,510
Chore Services	12	142 hrs	11.42	19,460
PERS	23	12 months	36.59	10,099
Day Rehabilitation	47	1560 hrs	7.66	561,631
Extended State Plan Services	12	36 hrs	28.55	12,334
Home Delivered Meal Service	47	730 meals	5.64	193,508
Behavior Consultation/Crisis Management	70	48 hrs	27.76	93,274
GRAND TOTAL (sum of Column E):				3,259,699
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:				70
FACTOR D (Divide total by number of recipients):				46,567
AVERAGE LENGTH OF STAY: <u>  365 days  </u>				

State: Idaho

SAT

APPENDIX G-2

FACTOR D

LOC: NF

Demonstration of Factor D estimates:

Waiver Year 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 X 5

Waiver Service Column A	#Undup.Recip. (Users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
Personal Care Services	47	340 days	53.26	851,095
Respite Care	23	7 days	57.23	9,214
Residential Habilitation	70	260 days	64.38	1,171,716
Supported Employment	35	80 hrs	19.25	53,900
Environmental Accessibility Adaptations	35	1 unit	3,937.00	137,795
Skilled Nursing	35	60 hrs	25.65	53,865
Transportation	70	1800 miles	.38	47,880
Specialized Medical Equip & Supplies	35	1 unit	3,937.00	137,795
Chore Services	12	142 hrs	11.87	20,226
PERS	23	12 months	38.05	10,502
Day Rehabilitation	47	1560 hrs	7.96	583,627
Extended State Plan Services	12	36 hrs	29.69	12,826
Home Delivered Meal Service	47	730 meals	5.86	201,057
Behavior Consultation/Crisis Management	70	48 hrs	28.87	97,003
GRAND TOTAL (sum of Column E):				3,388,501
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:				70
FACTOR D (Divide total by number of recipients):				48,407
AVERAGE LENGTH OF STAY: <u>365 days</u>				

State: Idaho

SAT

APPENDIX G-2

FACTOR D

LOC: NF

Demonstration of Factor D estimates:

Waiver Year 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 x

Waiver Service Column A	#Undup.Recip. (Users) Column B	Avg. # Annual Units/User Column C	Avg. Unit Cost Column D	Total Column E
Personal Care Services	47	340 days	55.39	885,132
Respite Care	23	7 days	59.51	9,582
Residential Habilitation	70	260 days	66.95	1,218,490
Supported Employment	35	80 hrs	20.02	56,056
Environmental Accessibility Adaptations	35	1 unit	4,094.00	143,290
Skilled Nursing	35	60 hrs	26.67	56,007
Transportation	70	1800 miles	.39	49,140
Specialized Medical Equip & Supplies	35	1 unit	4,094.00	143,290
Chore Services	12	142 hrs	12.34	21,027
PERS	23	12 months	39.57	10,921
Day Rehabilitation	47	1560 hrs	8.27	606,356
Extended State Plan Services	12	36 hrs	30.87	13,336
Home Delivered Meal Service	47	730 meals	6.09	208,948
Behavior Consultation/Crisis Management	70	48 hrs	30.02	100,867
GRAND TOTAL (sum of Column E):				3,522,442
TOTAL ESTIMATED UNDUPLICATED RECIPIENTS:				70
FACTOR D (Divide total by number of recipients):				50,321
AVERAGE LENGTH OF STAY: <u>365 days</u>				

## APPENDIX G-3

## METHODS USED TO EXCLUDE PAYMENTS FOR ROOM AND BOARD

The purpose of this Appendix is to demonstrate that Medicaid does not pay the cost of room and board furnished to an individual under the waiver.

- A. The following service(s), other than respite care\*, are furnished in residential settings other than the natural home of the individual (e.g., foster homes, group homes, supervised living arrangements, assisted living facilities, personal care homes, or other types of congregate living arrangements). (Specify):

Residential Habilitation

\*NOTE: FFP may be claimed for the cost of room and board when provided as part of respite care in a Medicaid certified NF or ICF/MR, or when it is provided in a foster home or community residential facility that meets State standards specified in this waiver.)

- B. The following service(s) are furnished in the home of a paid caregiver. (Specify):

Residential Habilitation, Respite Care

Attached is an explanation of the method used by the State to exclude Medicaid payment for room and board.

State: Idaho

APPENDIX G-4

METHODS USED TO MAKE PAYMENT FOR RENT AND FOOD EXPENSES OF AN UNRELATED LIVE-IN CAREGIVER

Check one:

  X   The State will not reimburse for the rent and food expenses of an unrelated live-in personal caregiver who lives with the individual(s) served on the waiver.

       The State will reimburse for the additional costs of rent and food attributable to an unrelated live-in personal caregiver who lives in the home or residence of the individual served on the waiver. The service cost of the live-in personal caregiver and the costs attributable to rent and food are reflected separately in the computation of factor D (cost of waiver services) in Appendix G-2 of this waiver request.

Attached is an explanation of the method used by the State to apportion the additional costs of rent and food attributable to the unrelated live-in personal caregiver that are incurred by the individual served on the waiver.

APPROVED: \_\_\_\_\_

APPENDIX G-5

FACTOR D'

LOC: NF

NOTICE: On July 25, 1994, HCFA published regulations which changed the definition of factor D'. The new definition is:

"The estimated annual average per capita Medicaid cost for all other services provided to individuals in the waiver program."

Include in Factor D' the following:

The cost of all State plan services (including home health, personal care and adult day health care) furnished in addition to waiver services WHILE THE INDIVIDUAL WAS ON THE WAIVER.

The cost of short-term institutionalization (hospitalization, NF, or ICF/MR) which began AFTER the person's first day of waiver services and ended BEFORE the end of the waiver year IF the person returned to the waiver.

Do NOT include the following in the calculation of Factor D':

If the person did NOT return to the waiver following institutionalization, do NOT include the costs of institutional care.

Do NOT include institutional costs incurred BEFORE the person is first served under the waiver in this waiver year.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor D'.

State: Idaho

APPENDIX G-5

FACTOR D' (cont.)

LOC: NF

Factor D' is computed as follows (check one):

- ☐ Based on HCFA Form 2082 (relevant pages attached).
- ☐ Based on HCFA Form 372 for years \_\_\_\_\_ of waiver  
# \_\_\_\_\_, which serves a similar target population.
- ☐ Based on a statistically valid sample of plans of care for  
individuals with the disease or condition specified in item 3 of  
this request.
- ☒ Other (specify):  
Based upon factor G=. It is expected that such services  
will continue to be provided individuals in the waiver.

APPROVED: \_\_\_\_\_

APPENDIX G-6

FACTOR G

LOC: NF

The July 25, 1994 final regulation defines Factor G as:

"The estimated annual average per capita Medicaid cost for hospital, NF, or ICF/MR care that would be incurred for individuals served in the waiver, were the waiver not granted."

Provide data ONLY for the level(s) of care indicated in item 2 of this waiver request.

Factor G is computed as follows:

- \_\_\_\_\_ Based on institutional cost trends shown by HCFA Form 2082 (relevant pages attached). Attached is an explanation of any adjustments made to these numbers.
- \_\_\_\_\_ Based on trends shown by HCFA Form 372 for years \_\_\_\_\_ of waiver #\_\_\_\_\_, which reflect costs for an institutionalized population at this LOC. Attached is an explanation of any adjustments made to these numbers.
- \_\_\_\_\_ Based on actual case histories of individuals institutionalized with this disease or condition at this LOC. Documentation attached.
- \_\_\_\_\_ Based on State DRGs for the disease(s) or condition(s) indicated in item 3 of this request, plus outlier days. Descriptions, computations, and an explanation of any adjustments are attached to this Appendix.
- X   Other (specify):  
Based upon actual state expenditures for individuals in a nursing facility with a condition at this level of care. The standard rate is \$272.75 per day and is inflated at 4% per year. This rate and expenditures is documented in Attachment G-1.

State: Idaho

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G.

APPROVED: \_\_\_\_\_

G-132

DATE: 10/01/01  
REVISED: 12/20/01

State: Idaho

APPENDIX G-7

FACTOR G'

LOC: NF

The July 25, 1994 final regulation defines Factor G' as:

"The estimated annual average per capita Medicaid costs for all services other than those included in Factor G for individuals served in the waiver, were the waiver not granted.

Include in Factor G' the following:

The cost of all State plan services furnished WHILE THE INDIVIDUAL WAS INSTITUTIONALIZED.

The cost of short-term hospitalization (furnished with the expectation that the person would return to the institution) which began AFTER the person's first day of institutional services.

If institutional respite care is provided as a service under this waiver, calculate its costs under Factor D. Do not duplicate these costs in your calculation of Factor G'.

APPROVED: \_\_\_\_\_

G-133

DATE: 10/01/01  
REVISED: 12/20/01

State: Idaho

APPENDIX G-7

FACTOR G'

LOC: NF

Factor G' is computed as follows (check one):

- ☐ Based on HCFA Form 2082 (relevant pages attached).
- ☐ Based on HCFA Form 372 for years \_\_\_\_\_ of waiver  
# \_\_\_\_\_, which serves a similar target population.
- ☐ Based on a statistically valid sample of plans of care for  
individuals with the disease or condition specified in item 3 of  
this request.
- ☒ Other (specify):  
Based upon a statistically valid sample of actual claims  
expenditures for individuals with head injury. Backup  
documentation to support this factor is provided in  
Attachment G-2.

APPROVED: \_\_\_\_\_

State: Idaho

APPENDIX G-8

DEMONSTRATION OF COST NEUTRALITY

LOC: NF

YEAR 1

FACTOR D: 42,920.

FACTOR G: 99,554.

FACTOR D': 3,435.

FACTOR G': 29,288.

TOTAL: 46,355.  $\leq$

TOTAL: 128,842.

YEAR 2

FACTOR D: 44,391.

FACTOR G: 172,560.

FACTOR D': 5,954.

FACTOR G': 50,766.

TOTAL: 50,345.  $\leq$

TOTAL: 223,326.

YEAR 3

FACTOR D: 46,567.

FACTOR G: 251,247.

FACTOR D': 8,669.

FACTOR G': 73,915.

TOTAL: 55,236.  $\leq$

TOTAL: 325,162.

APPROVED: \_\_\_\_\_

State: Idaho

APPENDIX G-8

DEMONSTRATION OF COST NEUTRALITY (cont.)

LOC: NF

YEAR 4

FACTOR D: 48,407.

FACTOR G: 261,297.

FACTOR D': 9,016.

FACTOR G': 76,872.

TOTAL: 57,423.  $\leq$

TOTAL: 338,169.

YEAR 5

FACTOR D: 50,321.

FACTOR G: 271,749.

FACTOR D': 9,376.

FACTOR G': 79,946.

TOTAL: 59,697.  $\leq$

TOTAL: 351,695.

APPROVED: \_\_\_\_\_

State: Idaho

ATTACHMENT G-1

ATTACHMENT G-2

State: Idaho